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The Nurse Question¹

BY NATHAN B. VAN ETEN, M.D.

YOUR invitation to speak to you today was extended by you and accepted by me before you had been given an opportunity to learn my opinions upon nursing questions as reflected in the national and state reports of the nursing committees of which I am chairman. I trust that you have read those reports and appreciate that they were written in a spirit of fairness to all sides of the question therein discussed, and in an endeavor to relate basic information with explanations, deductions and suggestions of possible remedies. The least offensive critic is one who criticizes himself and his strictures are often more beneficial to his own class than are those which originate in a spirit of antagonism from an onlooker.

Many committees from within and from without nurses' organizations have more or less superficially studied the development and promise of the nursing profession with much duplication of effort, and while valuable time seems to have been wasted, progress has been faster and solutions are nearer because of agitations that have at least awakened lively reactions. Much of this committee work has

begun at the wrong end,—remedial machinery has been erected upon shifting and uncertain foundations with disappointing results. Sincere efforts, in a frankly experimental spirit, sometimes are justified, but the most promising way to produce a solid structure that will endure the tests of time is by digging deeply for basic facts, finding them, proving their verity, planting your organization firmly and unequivocally upon those solid rocks, and then slowly, painstakingly and honestly erecting your professional standards.

The Committee on the Grading of Nursing Schools seems to me to be making the best study of these foundations that has yet been made and to be going about it in the right way, with comprehensive, cross-firing, fact-seeking questionnaires. The committee is fortunate in having the remarkably able and unprejudiced services of the Director of Study, Dr. May Ayres Burgess, who is neither physician nor nurse, but who, having been an experienced patient, views the professions of medicine and nursing through the eyes of the beneficiary of our ministrations.

The coöperation of the clear-headed Miss Geister, whose private-duty study has become a classic, and of

¹ Read at the second biennial of the Middle Atlantic Division of the American Nurses' Association in New York, April 28, 1927.

your fundamentally sound, hard-working President, Mrs. Hansen, plus the support of your great nurses' organizations in the work of the Grading Committee, stimulates admiration and should stimulate emulation of organized medicine and organized education.

This great committee should have all of your current educational questions referred to it with the hope of discovering what should be the practical qualifications for, and the practical limitations of the practice of your profession.

I question the ability of any committee to finish such a study within a five-year period, but with your continued, enthusiastic support you may be sure of real, tangible, usable results.

I shall try to limit this paper chiefly to a discussion of the distribution of nurses as they are today, with especial reference to the State of New York.

Causes of Patients' Dissatisfaction

IN discussing the distribution of the nursing service, let us begin with the premise that it is unsatisfactory to the patient chiefly because he has become educated to believe that no member of his family is qualified to take care of him when he is sick, nor can one be sufficiently instructed to render reasonably efficient service. He believes that he must have nursing and twenty-four hours a day of it. He cannot or does not budget his income in advance to care for the sickness emergency, and when the emergency comes he quickly exhausts his surplus or charges his sickness to the grocer or butcher as long as they will stand for it. The average citizen is a Micawber when he thinks of sickness. He wants the best service to be obtained and he expects a miracle to pay for it. The registered nurse is beyond his means, the practical

nurse is a scarce article, and both charge about the same fee.

The average citizen wants twenty-four hours of nursing and the average income is many dollars below that twenty-four hour charge. Only the occupant of a downy bed of ease can afford to have his fevered brow cooled by the hand that demands \$16 or \$14 per day for such a luxury.

The physician too has become educated to the luxury of nursing help and many times passes on much of the labor that he formerly performed himself, to the more or less capable nurse and praises or blames her according to eventualities.

The nurse looks toward an eight-hour day, with reasonable opportunity for rest and social recreation, and toward better health and a longer life, with reserve savings or a pension for her old age. She sees more than half of the working women on a 48-hour week and longs either to leave the profession she devotedly entered with youthful enthusiasm, or to limit her hours of service to those of industry or to the regulations of public service. The nurse is fashionable, but the average nurse works only eight months a year, and pays for all of her vacations from her own purse.

The nurse is plentiful in the State of New York but she is badly distributed. The cities enjoy a surplus and there is always a surplus except at peaks of epidemics. The rural regions experience a shortage, but as long as 57 per cent of us are urban, this condition will be maintained in the face of all discussion, and as long as the tide of population continues to follow economic leads from farm to town.

Much To Be Said for the Nurse

THERE is much to be said for the nurse. When she is capable and steady and willing and adaptable, she

is one of the noblest works of the Creator and all men praise her; but she is, after all, a human being and cannot be denied free choice in the development of her career. It is useless to deny her recognition as a member of a great profession, for she is so recognized already by the law of the state. She should herself, however, realize the limits of her class, and remain within those boundaries. She is the servant of the sick, as indeed are all of us who practice healing arts, but she is not a physician and must remember it. Many of you believe that the curriculum she is obliged to follow in this state to attain her degree tends to make her a too highly educated nurse who is almost a poorly educated doctor. While there is unquestionably a need for highly equipped nurses to fill positions as heads of institutions and directors of public service, the rank and file must continue to serve the homely functions so absolutely needed in the personal care of the sick, and they require more particularly the education which can be gained only by long and painstaking training in the art, rather than the science, of nursing.

The refusal of the nurse to answer every call for help, regardless of the kind or time or place of service, must be charged to the inspiration of the spirit of specialism which dominates the world today. The physician chooses the kind of cases he will serve. He does not respond to the night demand as he used to do, and he limits the radius of his physical field.

The specialist nurse, as the specialist physician, is needed today, but neither all nurses nor all physicians should be taught the specialties as a part of their basic requirements for their academic degrees. No one will deny the physician and the nurse the right to go forward, if they have out-

standing ability, upon roads which lead through valuable experience and advanced study to the attainment of postgraduate certification of their ability, but they should not be allowed to hold themselves out before the public as endowed with special ability until they have official endorsement.

Chaotic Education of the Nurse

THE question of the proper education of the physician, as well as the proper education of the nurse, is burning hot today, as is indeed all educational development. The education of the nurse is perhaps more chaotic than that of any other public servant, and because of her close association with the physician, both are intimately concerned in it; both must share in its regulation.

Criticism of a state department is always a fair game. We cannot believe that our Department of Education occupies unassailable ground with the smug complacency of frozen perfection. If it did, it would be dead. We are sure that it is very much alive to the restless, changing order and would welcome active agitation of all its problems with a hope for progress.

We have just received an examination paper prepared by a physician, as the final examination covering his course of sixteen hours in the nursing of mental and nervous diseases.

EXAMINATION

1. Name five different groups of psychoses.
2. What is the outstanding clinical symptom of manic-depressive psychosis?
3. (a) What are morbid fears called?
(b) Define delusion, illusion.
4. What nursing procedures are necessary in this group?
5. What do you understand by a psychopathic personality?
6. Name the inhibitor or brake in:
(a) Visceral level of the nervous system.
(b) Sensory motor level of the nervous system.
(c) Psychic level of the nervous system.

7. (a) Define Romberg's Sign.
(b) Argyll Robertson Pupil.
8. What are the characteristic signs of a lesion in the upper neuron of the nervous system?
9. (a) Describe a reflex arc.
(b) Name three parts to a reflex arc.
10. Name a disease of the peripheral nervous system.
11. Name a disease of the lower motor neuron.
12. What is the function of the third cranial nerve?
13. What sort of impulses do the (a) posterior nerve roots of the cord carry? (b) Anterior?
14. Describe the following: (a) Ataxic gait.
(b) Spastic gait.
15. Is Bell's Palsy a central or peripheral disease and what nerve is affected?

Any graduating nurse who can pass this examination seems to me to have passed beyond the boundaries of nursing into a field which is very close to the practice of medicine.¹

The curriculum has not been built up by experts in education with an eye to weights and balances, but by specialists whose chief concern was their own small field which was to their minds most important of all. Like all curricula it has been constantly added to and never pruned until it has gone far beyond nursing needs and is almost unteachable. I shall recommend to the State Medical Society that a committee of seven be appointed to undertake revision and simplification of the curriculum,—a long and difficult task. I suggest that this committee be composed of three physicians, three nurses and one representative of the Department of Education who shall be neither physician nor nurse.

Nurses Crowd in Cities

LUCY MINNIGERODE, Superintendent of Nurses, United States Public Health Service, says that the last nursing census shows 305,000 registered nurses in the United States,

¹(The reader should note that the examination questions quoted were not given by a member of the State Board of Nurse Examiners. Ed.)

of whom approximately 200,000 are from the so-called recognised schools of nursing.

If, of these 305,000, 12 per cent are doing institutional work, and 8 per cent public health nursing, it leaves 80 per cent of the number for private duty work, and that percentage should certainly cover the needs of the civilian population. The difficulty, however, is that nurses, like other professional people, crowd into the big centers. They object to living in the country away from any possibility of recreational activity, from which they are cut off largely, even in the towns. It seems to me that there is little pressure which can be brought to bear on a reasonable proportion of these nurses to go into the small towns and country districts, even though they might be more steadily employed, since after all they are free agents and entitled to the same privileges that others have of carrying on their activities in whatever locality seems best to them, individually, and I do not know any measures that could be taken which would guarantee a proper distribution throughout the country.

The official census, dated January 12, 1927, showing the distribution of nurses in the State of New York, shows only those who are registered at the Department of Education, none of the many nurses from unrecognized schools, and none of the many irregular nurses who practice nursing among their local acquaintanceship as they always have done. This census proves beyond question that there is no shortage in the cities,—as New York County has one registered nurse to every 217 people; Kings County, 1 to 677; Onondaga, 1 to 320; Erie, 1 to 368; and Oneida, 1 to 303; while Wayne has 1 to 2725; Schoharie, 1 to 3080; Delaware, 1 to 3103 and Lewis, 1 to 6178. There are 26,624 nurses to serve the 11,162,151 people in this state.

Ample Supply Badly Distributed

THE well substantiated claim of sectional shortage of nurses and of physicians could be relieved by trans-

ferring the city surplus to open fields. The herd instinct is strong in most of us, but the herd will not thrive in overcrowded pastures. Idle nurses and idle physicians can expect very little public sympathy with their complaint of being always on call and spending twenty-five per cent of their time waiting for calls which do not come, when there is, at the same time, loud calling from fields to which they refuse to go.

I once knew a young man who graduated from Harvard in arts and medicine, who had some money left him, had the experience of internship in Roosevelt Hospital, postgraduate work abroad, a service after his return in the Woman's Hospital, had a pleasing personality in addition to his broad education, set up an office in one of the best sections of the city, had plenty of dispensary contacts, but developed no private practice. His money gradually faded away until his last dollar was in sight. He asked a man I know if there was a place in the country anywhere where he could find a chance to maintain himself. My friend told him of a small town upstate where the leading physician had just died. The young man went there, found plenty of use for his unusual talents, and is today one of the most prosperous and successful physicians in the State of New York.

We have an ample supply of nurses badly distributed; an economic question. The people are abundantly supplied but they cannot pay for the service ready to their hand. The nurse is short of work, but she cannot lower her fee. What are the immediate solutions to help this situation? A new scheme of education may be helpful in the future and so, very likely, will be the general evolution of the nurse, guided into other channels of activity by her economic necessity,

but why lie supinely back and watch the wheels go around when we may serve our people by attempting to stimulate interest in machinery already erected but little used, which promises to be of real value in bringing together the economic ability of the patient and the skilled intelligence of the nurse?

Hourly Nursing a Partial Solution

HOURLY nursing offers a partial solution of the problem, a solution that has as yet hardly been tried, except among the very poor. That paid hourly service at reasonable rates is professionally practical and socially respectable, is an idea that physicians will do well to foster among their patients. By this means the patient is saved the salary of a full-time registered nurse and the nurse is released for more necessary duties. Organized hourly nursing should prove most satisfactory also from the nurse's point of view, as it will provide her with more regular work at definite hours, with regular pay and provision made for vacations and time off.

In connection with the extension of hourly nursing, we might do well to study the activities and practical operation of the visiting nurse associations. Hourly nursing is not at all a new idea; it has simply never been widely developed among the people who are able to pay. With the poorer classes, this type of service has been in successful operation for years and the mechanism for handling the work has been developed and tested in actual practice. We are not suggesting that a new experiment be tried, but that the activities of a successful "going concern" should be enlarged or duplicated.

In the official registries in Buffalo and Brooklyn hourly nursing is now

being offered and is utilized to some extent, but the public has not yet come to understand and appreciate the value of this kind of nursing and so it has been very little in demand. If the physician will explain the hourly service to his patients and assist them to make use of it in suitable cases, the public will gradually become accustomed to the idea and will take it as much for granted as they now do the twenty-hour or twelve-hour service.

Subsidiary Service Needed

ANOTHER possible factor in the solution of the question is some form of nursing aid. There is a weight of evidence to support the opinion that a subsidiary nurse is greatly needed, though the trained attendants provided for by law in some states do not seem, up to the present time, to have supplied that need. One reason for this is that not enough women have taken the training as yet to make any appreciable difference. Evidently something must be done to make the field more attractive. The chief difficulty, however, is that the attendants, in many cases, practice independently after graduation, at nurses' fees. This practice, of course, must be stopped. It has been suggested that the highest weekly rate for a practical nurse or a trained attendant should be \$25. The most feasible means of regulating this and other matters is probably through central official registries.

Importance of Central Registries

AND here is the most immediately practicable tool for attacking the whole problem, one which has already been successfully tried in Buffalo and Brooklyn and Chicago. Here is an organization through which all classes of nursing service may be honestly dispensed according to need. The

registered nurse may find private duty, institutional or public service work, or hourly nursing; the nursing aid may be kept busy in the line for which she is really suited at a fee appropriate to her training; and undergraduates, graduates of unregistered schools, and practical nurses, all may be properly cared for. A bill has passed the legislature and become law, by the approval of the Governor, providing that nurses' registries shall give to the applicant and send to the employer, a card stating the salary and qualifications of the applicant, thus safeguarding the public and the registered nurse against abuses arising from the demand for high salaries by unqualified persons.

The meat of the amendment reads as follows:

Every nurses' registry that sends out any person to render nursing service shall give to each applicant and also send to the employer of such person within twenty-four hours of the time of employment a card stating the salary and qualifications of such applicant, also the name and place of the hospital and the length of time of service therein, or other experience in nursing, if not in a hospital, and whether such person is a graduate, trained, certified, registered, undergraduate, or practical nurse or trained attendant and if a graduate, trained, certified, or registered nurse or trained attendant, there shall also be stated on such card the number of the annual registration certificate issued to such nurse or trained attendant by the regents of the university of the state of New York for the current year and a copy of such card left on file for reference in the agency.

In registering any graduate nurse or trained attendant such nurses' registry shall place on its file a statement showing the number and date of the last annual report of such nurse and trained attendant as shown by the annual registration certificate issued by the regents of the university of the state of New York. Such file records so kept by such nurses' registry shall be open to inspection by any authorized agent of the university of the state of New York and such agency shall submit the list in full upon request of such agent.

The law is especially in the interest of the public which employs the nurse, but which now has no means of knowing the character of the stranger who comes to the bedside of the desperately sick, of the delicate child who needs tender care, and of the helpless invalid.

The law is also in the interest of the physician, who has assumed a responsibility in advising or insisting upon nursing care, and who will have some reasonable assurance, by credentials, that his directions will be faithfully carried out according to the ability of the certified person who will be sent from the certified registry. In fact, the law is a step toward officially controlled, certified registries, which may prove a most practical help in the solution of the nursing problem.

Registrar Must Be Socially-minded Nurse

MOREOVER, an official registry, under a competent, well paid, socially-minded nurse who knows from personal experience the details of nursing procedure, can do very valuable work along the line of supervision. Nurses are almost the only group of workers who go out from their preparation at the age of, perhaps, twenty-one and practice henceforth without any supervision and without being permanently responsible to anyone. A properly organized central official registry might do much to improve the morale of the profession. Good nurses might be stimulated to retain their ambition, nurses deficient in certain lines might be encouraged to take special courses to round out their training, nurses who became careless in the performance of their duties might be discovered and warned. In no other way can such a high standard of service be maintained.

Group Nursing

ANOTHER important way to increase the supply of nursing service is through group nursing in hospitals. This has already been successfully tried in some places and where the experiments have not been successful, the failure was not due to any inherent impracticability in the plan but, in most cases, to unreasoning prejudice. There is certainly no practical reason why one nurse should not care for three convalescent patients in adjoining rooms, thus reducing the patient's charge and increasing the available supply of nurses by two. If the nurses, physicians, hospitals and patients will make an honest attempt to cooperate on this point, there is no question but that the result will be satisfactory to all concerned.

As nursing service becomes better distributed, the present supply of nurses will reach farther. What is true of the question of supply and demand today will not, we hope, continue to be true. Good nurses will always be said to be scarce, for they will always be the ones whose services are most in demand, but as long as nurses complain of a large amount of unemployment, it hardly seems possible that there can be any real, widespread shortage, except in times of unusual sickness. Employment in this field will always have a seasonal curve, but the same may be said of farming, building, and even the practice of medicine.

Is it not our most important duty to make immediate efforts toward the better distribution of the nursing service already available? Let us repeat that no untried innovations are being urged. Hourly nursing has been proved feasible by the Visiting Nurse Associations. It is no more difficult to organize and district a city for

privately-paid visits than for free or contract ones. Let this work be extended to those who are able to pay for the amount of nursing they require, but who cannot afford the full time of a registered nurse.

Group nursing has always been done in wards and one student nurse has been expected to care for from 5 to 11 patients. Surely a *graduate* ought to be able to care for three in adjoining rooms. Or must the patient choose between a ward bed, and a private room with two special nurses? Is there to be no other alternative?

The nursing question seems to be a hardy perennial. For years it has been studied by nurses' organisations

and medical societies all over the country and all have reached much the same conclusions. Very few experiments appear to have been tried, even in directions that promised positive relief.

The organisation of any change in the present scheme of nursing service evidently presents tremendous difficulties, but with the active and whole-hearted coöperation of physicians, nurses and hospital officials, the inevitable changes in the plan of private-duty nursing can be worked out, and the public can be educated to an economic use of the registered nurse, which will promote mutual material and social advantage.

Would You Sell Your Birthright?

BY MABEL DUNN

I HAVE a friend who has a cousin who was offered \$40,000 for a recipe for mayonnaise. When my friend told me of her cousin's refusal to accept this offer, my first thought was that had it been I, I should have taken it; the second—no, I would not have done so.

This recipe was really the woman's birthright. Through its use she not only made a good living, but blessed humanity as well; first by making sandwiches for the soldiers during the war; then for the restaurants and lunch counters; and selling her mayonnaise in attractive containers, a help to the busy housewife, the "light-housekeeper," the business or professional woman who prefers the homelike preparation of some of her own meals. To have sold the recipe would have meant that never again could she have used it for commercial purposes. It would have meant giving up her life work.

So with nurses. Would you be

willing to sell the knowledge of your profession, if it were possible to do so? To feel that never again could you use that which you have acquired by years of training, study and experience? Never again could you pass this on to others, train the probationer, direct the management of a ward, operating room or hospital, give the typhoid sponge, a hypo, make a mustard plaster, engage in social service or public health work, or do the thousand and one other things that fall to our lot.

There are times when we do tire of our work, when the nights seem endless, when the doctors, patients, or their friends seem unreasonable, and we feel that the game is not worth the candle. But to give it all up, and feel that no matter how much we might be needed, our services could not be available, nor could we hear, "God bless you, nurse, you're an angel." This blessed birthright of service to others, we would not sell for forty thousand, or at any price.

The Pharmacist's Mates' School'

The Largest School for Male Nurses in the World

By J. BEATRICE BOWMAN, R.N.

THIS opportunity to greet both the Virginia State Nurses' Association and the students of the Pharmacist's Mates' School affords me great pleasure, as it enables me to express to the Virginia State Nurses' Association our sincere appreciation of its belief and interest in our work and all it has done to encourage our efforts toward making the Naval Hospital Corps Schools and the Naval Hospitals the finest training schools for male nurses in the world. This is our ultimate goal, and we look to you for even greater inspiration and encouragement. We expect your constructive criticism and welcome it, for by such we build, therefore I know I voice the sentiments of the Commanding Officer and those whose hearts are bound up in the progress of this School, in asking for your frank and loyal support.

I have looked forward for a long time to this pleasure of addressing our Hospital Corpamen. I have worked with your Corps for over eighteen years. I have seen it develop and grow strong, at home, in the tropics, and at sea. My pride in you is unlimited and while there is much to be desired yet, in the development of the training, we observe with pride those who are forging on. You are an earnest, ambitious class of men with opportunity written in large letters—yours for the effort—and the Navy Nurse Corps is exceedingly proud of its opportunity to help lay the foundations of the useful lives that will be and have been developed.

¹ Read at a meeting of the Virginia State Nurses' Association, Navy Hospital, Portsmouth, Virginia, May 4, 1927.

For the benefit of our visiting friends, I want to give extracts from the July and October, 1925, numbers of the *Hospital Corps Quarterly*. You may not know it, but this splendid Corps has not only its own textbook, called the "Hospital Corps Handbook," but it has had its own publication since 1917,—the *Hospital Corps Quarterly*.

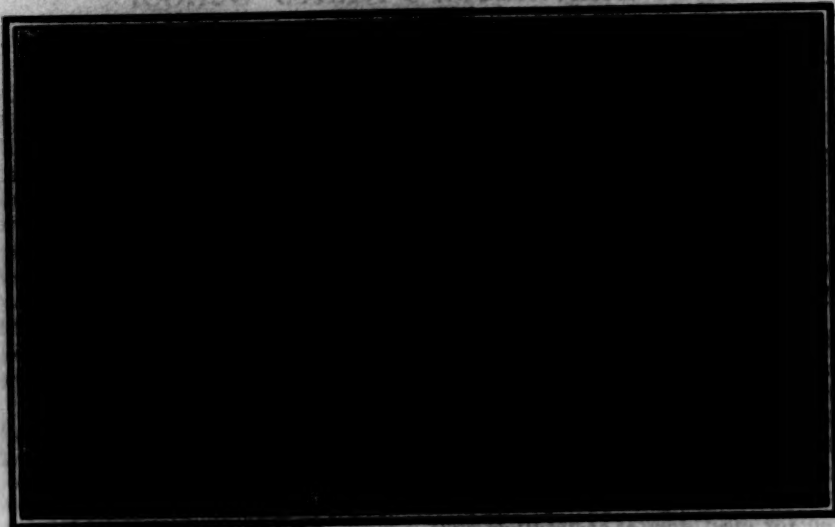
A glance over the publications of ten years, shows that the *Quarterly* has contained a wealth of historical material pertaining to the development of the Navy. There has been published an abundance of technical and popular contributions to medico-scientific literature, a great variety of subject matter dealing with Hospital Corps activities and duties, and numerous treatises on history, geography and travel, from the viewpoint of the Hospital Corpaman.

The World War was finished long ago—except the dreams, the memories, and its taxes. And the most cherished memory of all is that of the honored exploits of our heroes. You have never heard, perhaps, that the Navy Hospital Corps sent 1,430 men overseas for first-aid work on the fighting lines. And perhaps you have not heard that this group had a higher proportion of personnel decorated than any fighting unit, excepting only those units that were decorated en masse. This is our cherished memory.

Perhaps you think they lead a promiscuous existence, these 3,765 enlisted doctors of Uncle Sam's seagoing establishment.

(Here I might say that on board ship, the Hospital Corpaman is given the nickname of "Doc.")

But—they man two hospital ships and twenty-one naval hospitals in the United States and beyond the seas. They carry out the medical and sanitary duties of sixty-three dispensaries at navy yards, naval stations, training stations and schools, marine barracks, radio stations, air stations, and submarine bases. They operate the dispensaries and sick bays on nine receiving ships and on 306 seagoing vessels of the Navy, of which 182



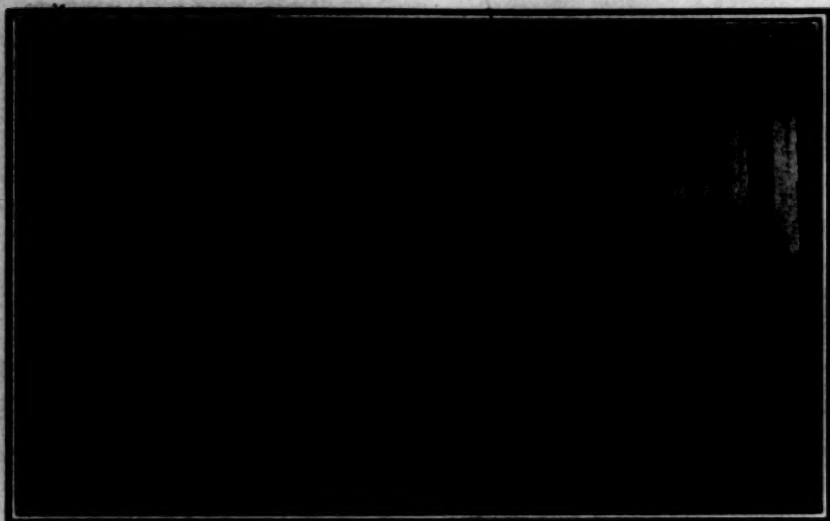
J. Beatrice Bowman, Superintendent Navy Nurse Corps; Captain George C. Thomas, Commander; Mary Bethel, Chief Nurse and Instructor; and Other Officers and Men of the U. S. Naval Pharmacist's Mates' School, Portsmouth, Va.

are independent billets where the corpsman is placed absolutely on his own initiative and responsibility. They man the Naval Dispensary at Washington, D. C. They assist in the routine office work of the Bureau of Medicine and Surgery. They operate in the medical supply depots at Brooklyn, San Francisco, and Manila. They are instructors in the Naval Medical School, in two Hospital Corps training schools, and in one school for the advanced training of pharmacists' mates. Amphibious on occasion, they serve with marine expeditions in the field beyond the continental limits of the United States. They man public-health services in Guam, Samoa, Cuba, Panama, Haiti, and the Virgin Islands. Where the Navy goes, there is the Hospital Corps. Where the marines go, there are the enlisted doctors. Out on the fringes where the world begins, where thrills, adventure, excitement, and romance call, there is the man his shipmates know as "Doc."

And what do they do, you ask? Everything. Everything that a wise and loving uncle requires, professionally and otherwise. They specialize in clerical work and correspondence, in pharmacy and chemistry, and in the diagnosis and treatment of disease. They culture bugs in the laboratory and chase vermin with the poison-spray dope. They do first-aid and minor surgery, and when on

independent duty, they are sometimes called upon to perform major operations as well. They dissect, embalm, and perform autopsies. Those who become public-health officers of tropic states are recognized locally as marvels of medical and surgical skill. They do work in X-ray diagnosis and treatment and physiotherapy. They perform the more commonplace tasks of carrying food to patients and of keeping pulse and temperature charts. They plan camp sites and carry on the field sanitation of expeditions. They drill recruits and instruct them in the terrible, mysterious ways of the military life. They are charged with commissary duties at hospitals and sometimes on board ship, not only with the selection, preparation, and serving of food but with its purchase and accounting. They even hike themselves into the hills and jungles and out-of-the-way places of the earth with kodak, pencil, and sketch book—returning to the ship laden with a miscellany of scientific information for their loving uncle to catalogue in his job books.

One hundred and eighty-two of these men are sent out on independent duty. They act in the capacity of medical officer of destroyers, gunboats, mine layers and sweepers, tugs, etc. They are responsible for the health of the crew and the sanitation of a ship of displacement, it may be, up to fifteen hundred



Dietetic Laboratory

tons, and with complement as high as 150. Because of their academic education—or the lack of it—they could not walk into your home town, nail up a shingle, and start practicing medicine. But the Surgeon General has no doubt as to their ability when he details them to act upon their own.

A promise life, did you say? Call it better, monsie. For the career of the enlisted doctor is dotted and checkered with as varied and colorful a service as one could wish.

The function of the Medical Department of the Navy, of which the Hospital Corps is an essential part, is to maintain the health of the naval personnel, reduce to a minimum the loss in man power of the fighting units of the fleet by reason of sickness and injury, and to give aid and succor to the wounded and disabled. The Hospital Corps was created by Act of Congress, approved June 17, 1898. Its history reads much the same as the history of the nursing profession, as among those first appointed were men who had become aged and broken during long years of faithful service; you can see for yourselves the product of the new Navy.

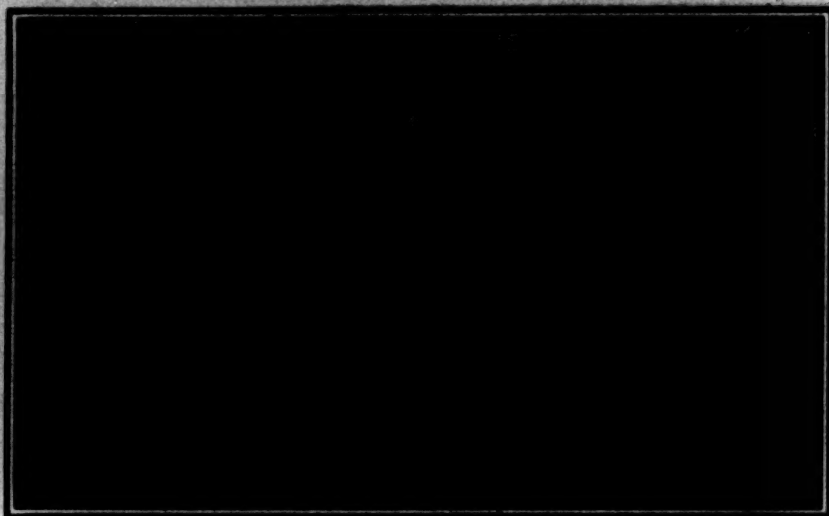
I commend them to you in Virginia and to the American Nurses' Association as members of our profession to whom we can and will look with pride. I hope the day is not far off when the schools of California and Virginia² may send some of their graduate representatives as delegates to our conventions for it is well for all nursing forces to be knit into the unity of strength, thereby making a complete whole for the protection of our beloved country.

The U. S. Naval Pharmacist's Mates' School was established in 1917 at the Naval Operating Base, Hampton Roads, Va., and continued in operation at that place until 1920 when, for the purpose of consolidating medical department activities, it was moved to its present location.

LOCATION

The school consists of a group of thirteen two-story buildings situated within the reservation of the Norfolk Naval Hospital. Four of these buildings are used for instruction purposes. They provide a study hall, a recreation hall, a library containing approximately

² Graduates of the schools are eligible for registration in California and Virginia.



Class in Materia Medica Examining Plants of Digitals

3,000 text and reference books, seven lecture rooms, and nursing, dietetic, chemical, bacteriological and pharmaceutical laboratories. The men under instruction are quartered in barracks, each of these barracks accommodating 70 men without crowding, the total capacity being 500 men.

THE PURPOSE OF THE SCHOOL

The purpose of the school is to provide systematic instruction in such subjects as are essential in the preparation of a man for duty in the hospital corps of the Navy. This training is practical, theoretical and military.

SOURCE OF STUDENTS

Men are recruited directly for the hospital corps at naval recruiting stations and, after a short period of training at one of the naval training stations, are sent to this school for instruction. Men from the general service are also selected on board ships and at naval stations for this branch of the service, but the chief, and probably the best source, is the naval training stations where selections are made from men enlisted for the general service who, after completing their training, express their desire to enter the hospital corps.

TYPE OF MEN DESIRED

The duties of hospital corpsmen are varied and it is highly desirable that selections, from whatever source, be made from men who are

in good physical condition, industrious, intelligent, alert, of good appearance, of good character and apparently adaptable to the work.

EDUCATIONAL REQUIREMENTS

Candidates should possess a good basic education. High school graduates are very desirable but men who have had two years of high school, or its equivalent, are acceptable. Preference is given to men of superior education.

FACULTY

The faculty consists of three naval medical officers, three chief pharmacists, four nurses, and seventeen assistant instructors who are petty officers of the hospital corps and who have been trained in their respective branches.

FACULTY MEETINGS

The faculty of the school meets in conference on the first and third Monday of each month to pass upon the progress of the students. The class standing and aptitudes of each student is discussed, delinquents warned, and the elimination of failures recommended.

COURSE OF INSTRUCTION

The course of instruction covers a period of four months with a total of 325 instruction hours, which is exclusive of drills to which 66 additional hours are devoted, and consists of theoretical and practical instruction. After

completion of this course, students are transferred to one of the various naval hospitals to complete their practical training before being sent to sea.

SCHEDULE OF INSTRUCTION

	Hours
Nursing, Ethics, History of Nursing and elementary massage	124
Dietetics	20
Anatomy and Physiology	60
First Aid, Minor Surgery and Bandaging	80
Hygiene and Sanitation	60
Metrolgy	8
Materia Medica and Toxicology	68
Pharmacy	48
Bacteriology and Urinalysis	20
Clinical Procedures	28
Elementary Applied Psychology	12
	528
Drills	64
Total	592

Elementary chemistry is included in dietetics, materia medica, pharmacy, and hygiene and sanitation.

METHOD OF INSTRUCTION

The theoretical instruction consists of lectures at which students are required to take written notes; textbooks are used as aids in studying the subjects but are not studied as ends in themselves. Practical demonstrations are given in the various subjects and students are given individual practical experience in the laboratories.

FACILITIES

The laboratory facilities provided at the school are excellent and well adapted for their purpose.

REQUIREMENTS FOR GRADUATIONS

Students are required to maintain an average of at least 70 per cent in each subject and a like average in aptitude. Those who fail to attain this average at the end of the first month of instruction are eliminated. Time lost on account of sickness or other circumstances must be made up.

Capping Exercises

SO far as we know 'twas the first occasion of its kind ever held in the south of Korea. All participants, from our dignified Superintendent of Nurses to the lone "probie" who had entered too late, as yet, to lay claim to this new honor, were, although *par excellence* in poise, none the less most evidently conscious that they were setting standards—making a "precedent." We realized the fact, too, when we first wished to speak of the occasion in the polite language of this very proper people with whom we work and live. Capping Exercises? The best our combined wits could contrive translated might read: "Hat Presentation Exercises."

We had secured the auditorium of the Boys' Academy and issued invitations to such select groups as the upper classes of the Girls' and Boys' Academies, the superintendent and

nurses of the Government Hospital, representatives from the various churches, our hospital staff, the missionary force, etc. And it seemed that not one of the invited guests failed to add inspiration and enthusiasm to the occasion by his or her presence; they were all there, filling the gaily decorated hall and themselves filled with a keen desire for a "sight-see" of a brand-new order.

Who *didn't* have a hand in supplying or placing the tasty decorations? One native doctor volunteered his beautiful chrysanthemums; another made the significant red cross which filled the evergreen arch at the rear of the platform. Nurses, staff, friends, all lent a hand in decorating, or supplied the wherewithal to decorate.

First came the processional. Our American Superintendent of Nurses led off, followed by the two native graduates

and the undergraduates already in caps (the latter group doubtless wishing there had been such an occasion to commemorate the event for them). Next came a visiting American nurse in uniform; and last in file came the six erstwhile probationers, all in new uniforms made and starched according to the best of modes. Yes, we are proud of them. Our school is yet in its infancy, the capping exercises celebrating the completion of the first year. . . .

The peak of excitement was reached when each of the girls came forward to receive her crowning symbol of acceptable probation work. After the inevitable exchange of bows between superintendent and student, Miss Hedberg carefully adjusted the snowy white caps and the recipient made her first "capped" bow to the enthusiastic accompaniment of clapping hands and appreciative out-loud smiles. Each having received her cap, one of them stepped forward and gave the Florence Nightingale Pledge.

Our schools for nurses in the states have largely done away with formal capping exercises, though to be sure we hear of occasional ones which the annual graduation festivities have not completely overshadowed. Doubtless the day will come when an annual presentation-of-diplomas will suffice to give expression to our appreciation of the work of our nurses in Korea, too. But for an infant school such as ours which as yet can boast no "Senior class," we found the "Hat Presentation Exercises" a fitting and efficient substitute as a means to tone up our professional morale and make public statement of our aim, as individuals

and as a school in the special work we are undertaking for Him.



To Relieve Tired Feet

FOR the girl or man who must stand all day on aching or burning feet, Dr. L. D. Hubbard has the following recommendation: Soak the feet for a few minutes in hot water, then put them into cold, rub them briskly, dry them thoroughly and powder them.

"It sounds simple, but it works."—*Hypria*.



League Honors Mrs. Lockwood

"IT has for some time been apparent to those beyond the Rockies that, among the nurses of California, there was a luminous personality shining steadily for the happiness of nurses and for the cause of better nursing and of nursing education. The source of this luminous power was traced to one of the members of the California State Nurses' Association, who has worked in a most selfless fashion for many years, choosing always the difficult and obscure tasks, never permitting the honors of high office to be bestowed upon her. Her service has not been limited to her own State, for she has long been a generous supporter of our national magazine, and has thus helped to extend California's influence to the whole world of nurses. Because of these things, and by vote of this Association, I have the pleasure of inviting Mrs. Clara Sanford Lockwood, of Pasadena, to become an honorary member of the National League of Nursing Education."



WHEN, therefore, a youth says that he proposes to be independent, who would gainsay him? For this cause came he into the world, that he might take charge of his own life. But it is a serious enterprise; it is not to be entered unadvisedly or lightly, but reverently, advisedly, discreetly, soberly, and in the fear of God. To take charge of your own life and to be free means the intelligent substitution of inward self-control and self-direction for outward restraint, and that is a great achievement.—From "The Meaning of Freedom," HARRY EMERSON FOSBICK.

Nursing in Tuberculosis

BY KATHARINE GOOD AMBERSON, R.N.

TO how many nurses does the mention of tuberculosis suggest the fascinating and romantic story of the beginning of sanatorium treatment for patients suffering from this handicap in America; to how many does the word convey the picture of the emaciated, weakened victim of a hopeless malady; to how many does it bring to mind the healthy-looking individual, often fatigued, a little irritable, complaining seldom, and then of symptoms that can so easily be explained on some other basis; and to how many does it occur that this individual may have, and often does have, tuberculosis?

Dr. Edward Livingston Trudeau accidentally, may I say, found a way to health for himself by living a life of comparative quiet in the fresh air of the Adirondacks. What he found healthful for himself, led him to open a similar way of life to others suffering from the same malady. "The Little Red," built in 1884, was the first cottage of the Trudeau Sanatorium, and inaugurated the sanatorium treatment of tuberculosis in this country.

What history of nursing has grown with this movement to overcome the Great White Plague! From Dr. Trudeau's account, nursing in his infant institution was very uncertain. No provision was at hand for the care of those who became acutely ill. He procured the services of lumbermen, guides, and any woman available, to attend the wants of those who had to remain in bed. Most of the grave situations were faced by this physician himself. However, as the number of patients increased, volunteers appeared who served the sanatorium and patients well, and upon this beginning the foundation of a school of nursing

for the special care of tuberculous patients was laid.

Does routine care of a tuberculous patient differ from the routine care of any other patient, and if so, how? This question has been asked us many times. Let us call to mind the treatment of this patient, as prescribed by the skilled physician,—rest, fresh air, good food in proper balance.

"Rest" has been defined as "relief from strain,—relief from strain being any state of physical or mental activity or inactivity that does not reach the point of conscious fatigue." Rest for the seriously ill patient involves all those nursing procedures incident to the care of any patient in a similar condition, keeping in mind that extra exertion caused by unnecessary movements of the patient helps to defeat his ultimate recovery. For this reason, bed patients are given but two bed baths weekly. Daily care of the back and bony prominences and whatever is necessary for cleanliness is given. The seriously ill patient is fed, has his hands and face bathed, and all details of his toilet are cared for by the nurse. As improvement comes, the patient is allowed to bathe his own hands and face; he gradually feeds himself, and finally stands for a few minutes (gradually increasing the time); takes a tub bath; sits in a comfortable reclining chair for gradually increasing lengths of time. Then walking exercise is prescribed, beginning with a few minutes daily. *The nurse must carefully observe the patient's reaction to this increased activity.* Often the schedule must be reversed for a period of time.

In considering the second prescription for our patient, fresh air, at first it seems there would be little here for

the nurse to do, because fresh air is free to all. But strange as it may seem, we have to be educated to take what is ours for the taking. The nurse must encourage the new patient to spend as much time as is possible in the open air. If it is impossible for the patient to live out of doors, then the outdoors must be brought in. Needless to say, the nurse must see that the air is good. If possible, the temperature of the room should not rise above 68 degrees. There should be air in motion, but the patient should not be subjected to draughts. It is a fact that we have had to educate our nurses to depend upon the room thermometer for regulation of temperature. Many individuals can tolerate an amazingly high room temperature and stuffy atmosphere; therefore, the nurse is not always herself a safe guide in regulating this phase of the patient's treatment. In cold weather, the nurse must see that the patient is sufficiently warm to enable him to relax while resting outside. Light-weight woolen or down covers are most comfortable. Special garments may be procured which are warm and which enable the patient to do with fewer covers. Electric pads and blankets are also available. These are not heavy, and the amount of heat can be regulated.

Our last prescription, good food, in proper balance, though third in point of consideration, is equally important with our first. The tuberculous patient, especially the one for whom bed rest has been advised, often has a very fastidious appetite. We find this true in caring for most patients suffering with a chronic disease. The patient acutely ill responds remarkably in regained appetite when his crisis is passed. I call to mind the patient recovering from typhoid fever or pneumonia. Catering to the whims

and lack of appetite in the bed-ridden cardiac, rheumatic fever, or tuberculous patient is a different matter. Orders for diet have changed rather markedly in recent years. Now three regular meals daily, composed of food which has variety, which is tasty, and which has calories, is the accepted rule. It is not thought advisable to overfeed the patient to the extent that gastro-intestinal disturbances result. So long as the patient is gaining and reaching the goal of his standard weight, well and good. When this goal is reached, or passed in a small measure, then our aim is to maintain this weight. Intermediate nourishment is ordered only for those patients who have difficulty in gaining or maintaining weight. Nourishment, if it is ordered, should consist of some food which has definite food value, such as eggs and milk, and it should be given at the proper interval between meals so that at mealtime the appetite will not be impaired. In a patient whose desire to eat has completely left, it is, indeed, extremely difficult to coax to life a relish for food. Small amounts, served frequently, can sometimes be tolerated best. Foods that require little mastication, that are not too sweet, or too highly seasoned, and that have little odor, are sometimes best taken. Often it is the article of food which has no caloric value which appeals most to the patient. We must remember to add to this article, in some delicate way, some food which will supply this value. Lactose, eggs, butter, and cream are all excellent for this purpose. Seared scraped beef can often be given in dainty sandwiches. Small amounts of some relish are a valuable help in stimulating the appetite. Of utmost importance in serving such a patient is the appearance of the tray, and this is where the nurse has unrestricted

latitude in using her ingenuity and artistic ability. Cold food must be cold and hot food must be hot. Liquids must not overflow the bounds of their containers, tray covers and cutlery must be spotless. The tactful, cheerful nurse, happening to come into the room at mealtime, often furnishes diversion, and it is surprising even to the patient how much can be swallowed under auspicious circumstances.

There are certain incidents occurring in pulmonary tuberculosis which complicate its nursing care and which we should consider.

Hemorrhage from the Lungs

EXPECTORATION of one dram or more of blood from the lungs is considered a hemorrhage. When this accident happens, the nurse must meet the conditions with calmness and decision. The patient, especially if this is the first hemorrhage, is apt to be extremely apprehensive and nervous. It is essential that his peace of mind be restored. He is usually placed on a back-rest, at an angle of 45 degrees, as this enables him to expectorate more easily and with the least exertion. An ice cap is placed over the patient's heart. If cough or extreme nervousness is present, codeine gr. $\frac{1}{4}$ is placed under the tongue where it is allowed to dissolve. This method of administering it seems to have more direct beneficial effects than when the tablet is swallowed. Crushed ice is given in small amounts. Liquid diet in small amounts is usually given for the first twenty-four hours. This may consist of orange juice, milk, cocoa shakes, eggnog, calf's-foot jelly, plain ice cream (no fruit or nuts) and junket. Do not give: (a) hot foods or drinks; (b) vinegar or lemon juice; (c) irritating foods, as pepper; (d) coffee or tea.

Following liquid diet, soft diet may be given, limiting fluids to four or five ounces a day. The diet is always ordered by the physician, who may prefer a dry, acid-free diet during and immediately after the hemoptysis.

Sponges and enemata may be ordered for the patient. Bear in mind that whatever is done for him must be done quietly, causing him as little exercise as possible. Bed baths and back-rubbing are omitted during the acute bleeding. The patient is instructed to move his arms as little as possible, but if movement is necessary, the elbows should be kept close to the chest and the forearms moved quietly. The object of this is to avoid stretching the lung. The patient must be fed and his hands and face bathed. Talking and laughing must be avoided. The patient either whispers or is on "silence." The temperature of the room should be 56 degrees to 65 degrees. The patient must be comfortably warm.

Tuberculous Larynx

THE patient is forbidden to speak. Sometimes he may be allowed to whisper. He should make his wants known by use of pencil and pad which the nurse should see are at hand. When allowed to speak, he must avoid loud laughing and talking. Cold compresses to the throat may give relief from pain. Local treatments are given if the cough is uncontrollable. A special set of mirrors has been designed for sun treatment. Local or general exposure to ultra-violet ray is sometimes ordered.

In preparing the diet, avoid irritating, highly seasoned, or hot foods. Foods most easily taken are koumiss, junket, milk-toast, eggnog, gruels, olive oil butter, jellies, gelatine, raw beef sandwiches, oysters, and custards. When swallowing is painful or

difficult, it may be made easier by having the patient lean forward and use a drinking tube.

Intestinal Tuberculosis

THE presence of intestinal tuberculosis can frequently be determined only by the administration of a barium meal and X-ray examination. This condition requires no specific nursing care, unless ultra-violet ray or sunlight treatments are ordered. It is the nurse's duty to see that the exposure is taken at the proper distance and for the prescribed length of time. The nurse must also see that any effects, subjective or objective, are carefully recorded.

Diet for those with acute intestinal symptoms—pain, diarrhea, etc.—should be smooth, consisting of fruit juices, milk, cocoa, tea, broth, cream soup, eggs, cereals (except those which are coarse and uncooked), small amounts of meat (avoiding fibrous parts and gristle), fish, chicken, white bread, rice potatoes, tomatoes, puree of peas, beans, lima beans, etc., custards, and plain cake. Avoid too much sugar, salads, most green vegetables, and raw fruit. The patient should be told to eat slowly and masticate well.

Artificial Pneumothorax, Phrenicotomy, Thoracoplasty

ARTIFICIAL pneumothorax consists of the introduction of air into the pleural cavity in order to collapse the diseased lung. The nurse makes preparation for this treatment, providing articles similar to those used in thoracentesis with the addition of a special pneumothorax machine which registers the intrapleural pressure and measures the amounts of air introduced. The patient's pulse and respirations are recorded before and after gas is introduced, together

with the amount of air given. The patient must be instructed to avoid any movement whatsoever during this treatment. During and after the treatment the patient must be carefully watched for symptoms of shock.

Phrenicotomy is cutting of the phrenic nerve on the affected side which paralyzes the diaphragm, thus collapsing to some degree the base of the lung. The operation is most frequently performed under local anaesthesia, and nursing care consists principally in changing the dressings until the incision heals.

Thoracoplasty is the removal of posterior portions of a number of ribs on the affected side, which results in permanent collapse of the lung. The operation is done in several stages, depending upon the patient's condition. As may be judged, this operation is accompanied by shock, varying in degrees of severity. During the operation, warm tap water is given by rectum and this is continued every four hours, for twenty-four hours. Nursing care for the first twenty-four hours following operation depends to a certain extent upon the amount of shock the patient has suffered. The foot of the bed may be elevated. The patient often perspires profusely, the temperature is low and the pulse rapid, ranging from 96 to 150 beats per minute, therefore he must be kept warm and dry. Small amounts of water are given as soon as the patient can take it. If nausea persists, ginger ale may be more acceptable. Liquid diet, consisting of hot tea, broth, and malted milk is given on the second day. The morning of the third day, a cathartic is given, followed by an enema if necessary. When the gastro-intestinal tract is again quiet, soft diet is given, followed by regular diet. Usually by the fifth day the patient is having his normal diet.

The patient's back is very tender and painful; a soft pillow placed under the affected side often gives much relief from pressure. A number of small pillows should be at hand, as they add much to the patient's comfort when tucked in the various hollows of the body. It is advisable to change the patient's position, when necessary for comfort. As a drain is left in the incision and copious drainage results, this is another reason why the patient should be moved occasionally. The back must receive care, but a bath is usually omitted until the third day. From that time on, the patient may be bathed daily if necessary. A sponge bath may be given on the second day.

After a week, a specially-designed binder is worn, strapped very tightly to the chest. At first this is a source of great discomfort to the patient, but after becoming accustomed to it, he usually wears it even when sleeping. Two pounds of shot are worn, especially if the lesion is in the apex of the lung, to help compress this area. Binders and shot may be worn for six months. After this time, it is thought no further good results from their use.

Following the first operation, the patient suffers considerably from gastro-intestinal symptoms. However, since he remains in the hospital until all stages of the operation have been completed, the nurse should see that preceding the stages following the first operation, the patient has a light bland diet and that the intestinal tract is clear. By this means the patient is saved much distress.

One of the most important nursing procedures is to see that the arm on the side of the operation is reeducated. All the muscles of the back, from the shoulder to the eleventh rib, may have been cut, but by careful training the arm may be only slightly limited in motion. On the second day following

operation, the arm should receive gentle massage. The patient must move the arm a little *himself*. This exercise must be slowly increased. It is very painful at first and the patient is reluctant in cooperating. However, insistence on this point will save him pain and handicap in the future.¹

Education of the Patient

Education of the patient is one of the most important duties of the nurse in tuberculosis work. He must be told how the disease is spread and taught that gauze *must* be used to cover the mouth when coughing; that he *must* expectorate into a paper cup which in turn *must* be filled with sawdust or other absorbent material and, with used gauze, *must* be wrapped in newspaper, *securely* tied, and *burned*. When the patient is unable to do this for himself, the nurse must do it for him. He must be taught that coughing into the bare hand, under any circumstances, is a "lazy, dirty, dangerous habit."² He must know that the sputum may contain tubercle bacilli at one time and not at another, and that the unprotected cough is the chief source of danger to others.

He must learn the value of a well regulated life,—a hard lesson, especially difficult when he becomes a "quiescent case." He looks well, he feels well, and the temptation to work or play to the point of conscious fatigue is ever present. It is hard to say "No" to friends who cannot understand why a person so very healthy looking must be so careful. Until this lesson is learned, the patient is in constant danger of relapse of a

¹ Thanks are due Anna Keishaw, R.N., of Saranac Lake, N. Y., for details of the nursing care of patients who have had a thoracoplasty operation.

² Brown, "Rules for Recovery from Tuberculosis."

more or less serious nature. The nurse must help him visualise his horizon, and help him learn to live or work happily within his limitations.

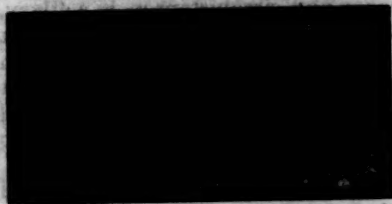
A tremendous lot of the world's work has been done by men with tuberculosis or by those who were often on the brink of active disease—by Spinoza, John Locke, Chopin,

Kent, Sterne, Raphael, Molière, Canova, Schiller, Laennec, Emerson, Cecil Rhodes, and a host of others. But most of these had to do one of two things; either put all their eggs in one basket and live by rule to fairly mature and even old age, or seize the passing moment and burn themselves out in youth, to leave imperishable monuments behind them.¹

¹ Krause, "Rest and Other Things."

Sun Baths for Babies¹

THE United States Children's Bureau rickets model, "Sun Baths for Babies," was designed with the idea of illustrating the comparatively simple methods of giving the younger members of the family their ultra-violet rays. Here in the north temperate zone, where we strain our sunlight through varying layers of cloud, fog, and smoke, children are all too prone to be afflicted with rickets. The Bureau has made several studies



of the disease, the principal one, which ended September, 1926, having been conducted over a three-year period at New Haven, Conn., in coöperation with the Department of Pediatrics of the Yale School of Medicine.

"Although it has been known for a long time," the Bureau says, as a result of these studies, "that sunlight

is a most important factor in the life of a growing child, especially of a baby, not until recent years has sufficient attention been given to gaining a specific knowledge of the effect of sunlight on young children. We know now that normal growth of bone is dependent, not only on the food that the child eats but also upon the direct sunlight that he receives, for the sunlight provides the body with the power to utilise the food. If a baby is constantly deprived of direct sunlight, his bones will not develop normally, his muscles will be flabby, and his skin will be pale. He will probably have rickets.

Giving sun baths is as simple as finding a patch of direct sunlight in which to expose the child's body. They can be given in the house, if the window through which the sun patch comes is open (the antirachitic rays are lost in going through window glass). They can be given in a back yard or on a porch, as in the model, or on a city fire-escape. Beginning the sun baths when the baby is three or four weeks old, and gradually increasing the length of time for exposure and the amount of skin surface uncovered; adapting the place to the warmth of the weather and the time of year, and lengthening the out-of-door periods during the spring and summer months, we shall see a good tan developing that will evidence the effectiveness of the treatment.

During the winter months, the weakness of the rays can be compensated for by the administration of cod-liver oil, sometimes called "bottled sunshine" because it, too, has antirachitic properties.

¹ The model is loaned for use of child-welfare conferences and may be obtained by writing to the Children's Bureau, U. S. Department of Labor, Washington, D. C. The only cost is the express charges to and from the Bureau.

State Headquarters

BY ELISE VAN NESS

IN thirteen of the States and in one territory are offices where any nurse knows she may go for advice and help or for the sake of talking to another nurse. Perhaps she has just arrived in the state and, like an American doughboy in London on the lookout for a uniform from home, is hungry for the sight and sound of someone in her profession.

As she enters the headquarters of the state nurses' association, a typewriter whirls steadily, somewhere off center, and she sees the executive secretary talking to a group of public health nurses. Their uniforms make bright spots of color in the room. She watches as the stenographer walks briskly to the filing cabinet to dive deep in the drawer on the search for some nursing facts. Above the table is a map showing the number of districts and in them, with colored pegs, the number of alumnae associations. An army of nurses is represented in these colors, as well as in all the activity she sees, and suddenly the nurse realizes that all her colleagues in the state have stretched out welcoming hands to her.

If she has perplexities, here is a place where people are at her disposal to make them straight; it is no longer necessary to try to work out problems alone. Soon, the whole machinery of the state will be at work for her, making her a part of itself.

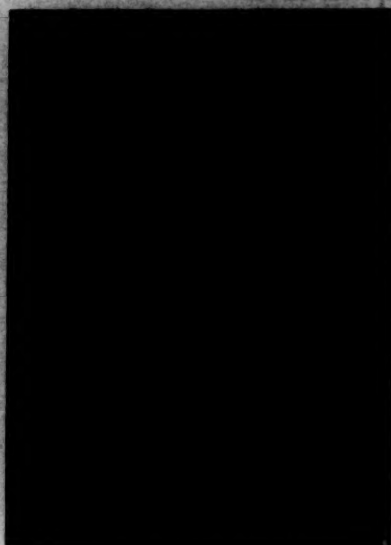
Before headquarters were established in these states, it was said that the nursing associations were as hard to reach as an astral body. As soon as one learned who the officers were, another election was held and new information had to be ferreted out. Records were hard to reach, too. When they were wanted most, they

were generally in a trunk in the attic of some officer. Both the records and the association needed a permanent home.

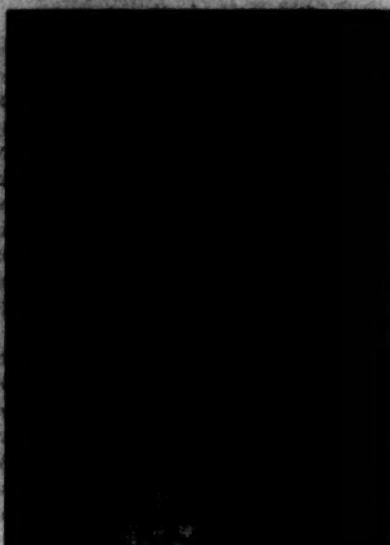
Officers of associations had not felt the need of state headquarters when state memberships were small. A secretary with a cheerful disposition and a willingness to work until midnight and on Sunday, could handle the correspondence and send out notices for meetings with comparative ease. But matters changed radically when the membership reached thousands. Volunteers who already had full-time jobs of their own found themselves swamped with extra duties. Even the most devoted began to talk full-time secretaries and state headquarters.

Before any definite move was made, special studies of the nursing needs of the state were carried through. Questionnaires were sent to members of the profession in the districts, living conditions in the various cities of the state were investigated, and many individual nurses were approached for ideas. Results of the inquiry showed an amazing number of possible duties for an executive secretary and called for a kind of superwoman for the job, the sort of person the League of Nations might interview on a mooted question and the kind sought out by a human being when he wants money to bury his grandmother.

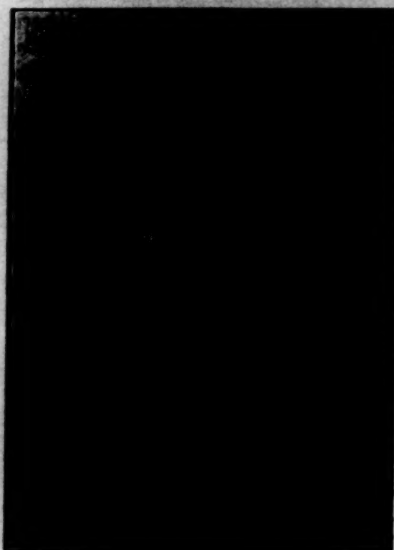
First to establish a solid base was Ohio, whose association moved into a headquarters in Columbus in 1917, three years ahead of any other state. Had the war not intervened, it is probable that more states would have taken the step in the next three years, but in 1920, Minnesota and Maryland



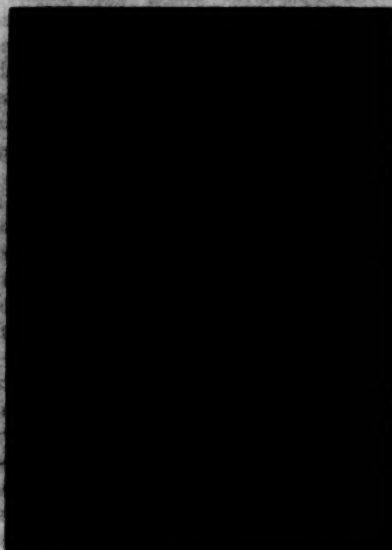
Jane Van De Vrede, Georgia



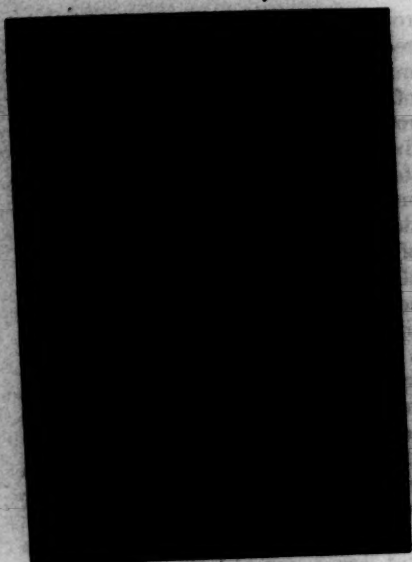
Mae L. Woughter, New York



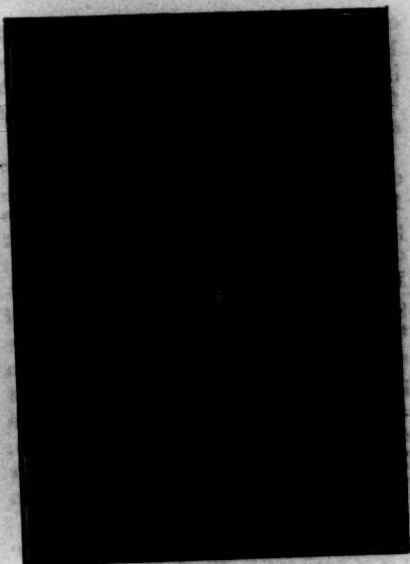
Cora E. Gillespie, Washington



Esther R. Entleben, Pennsylvania



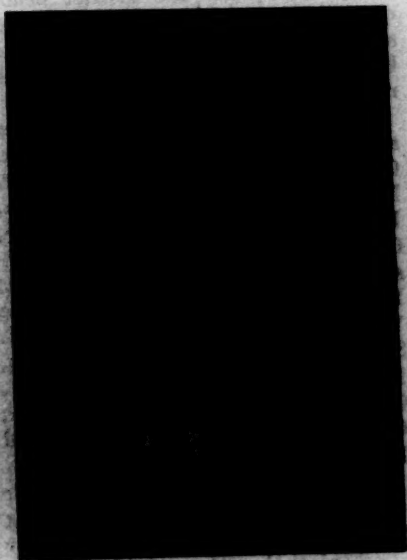
Mrs. Elisabeth P. August, Ohio



Dora M. Cornelisen, Minnesota



Sarah F. Martin, Maryland



Mrs. Alma H. Scott, Indiana

established themselves at St. Paul and Baltimore, respectively, while Washington chose to settle at Seattle in 1923 and Indiana selected a suitable site at Indianapolis, in 1924.

California nurses established a headquarters at San Francisco August 1, 1925; New Jersey members of the profession chose an office in Newark on August 15; Kentucky settled in Louisville on September 1; and Michigan, in Detroit, on September 15 of the same year. In 1926, three more states and one territory decided on permanent office homes; Georgia, at Atlanta, on January 1; Pennsylvania nurses at Pittsburgh, on March 16; New York on December 1, at New York City; and Porto Rico at San Juan on February 16.

News is being carried, too, of the stir of activity in Virginia and Illinois, where state offices are in the process of being formed. Illinois, California, Michigan, Minnesota and Ohio already have each one district headquarters with a flesh and blood secretary, while Oregon has a state headquarters at the office of the registry, but no executive secretary.

Executive secretaries of the states and territory are: Margaret Stack, Connecticut; Mary C. Wheeler, Michigan; Margarita D. Rivera, Porto Rico; Jane Van De Vrede, Georgia; Arabella Creech, New Jersey; Mrs. J. H. Taylor, California; Dora M. Cornelison, Minnesota; Mae Woughter, New York; Mrs. Alma H. Scott, Indiana; Sarah F. Martin, Maryland; Mrs. Elizabeth P. August, Ohio; Esther Entriken, Pennsylvania; Cora E. Gillespie, Washington; and Flora E. Keen, Kentucky.

Asking the secretaries what their daily work is, resembles demanding the routine duties for twenty-four hours of the mother of 15 children. Neither babies nor associations live by

routine, and apparently no executive secretary is sure of what any fifteen minutes will bring forth. But the job of each divides itself into office or routine duties and field work. In the first, are included the widely varying items of handling the office correspondence for the officers of the association, helping a nurse to find the kind of work she wants, searching through old documents to determine historic action taken, and advising a prospective nurse in selecting the right kind of a school. In the second division, her work consists of visiting the districts, keeping in touch with other women's organizations, fostering institutes, addressing meetings at short notice; in a word, doing all she can to further nursing advancement in the state.

Following are some of the questions that are a sample of a good day's work in an executive secretary's office.

Please adjust the difficulty between our alumnae association and the state organization.

I would like to know how much salary I can get as a nurse and how much it costs to be one.

May my students see your headquarters? They have so many questions to ask.

We would like to have you address our next meeting.

Can you tell me where there are postgraduate courses for colored nurses?

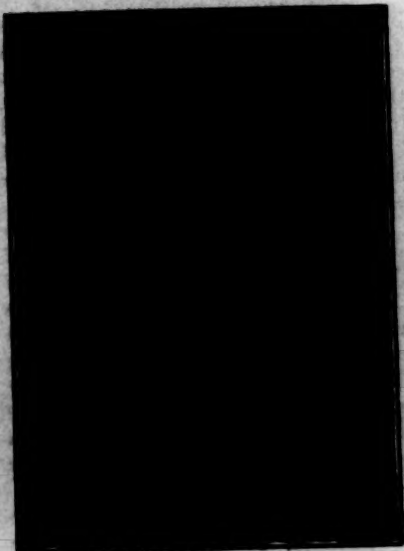
Won't you draft a charter for us?

We thought you might plan a constitution and by-laws for us.

We feel sure that you can write a letter that will bring results from our delinquent members.

Answering any one of the questions might be expected to require a woman belonging to a superior race.

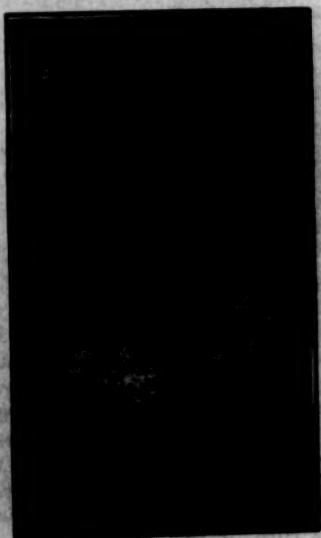
"On the whole, I think it would be easier for me to picture what I do not do, than what I have done," says one executive secretary, and when you push her further for an answer, you discover there is practically nothing she hasn't tried.



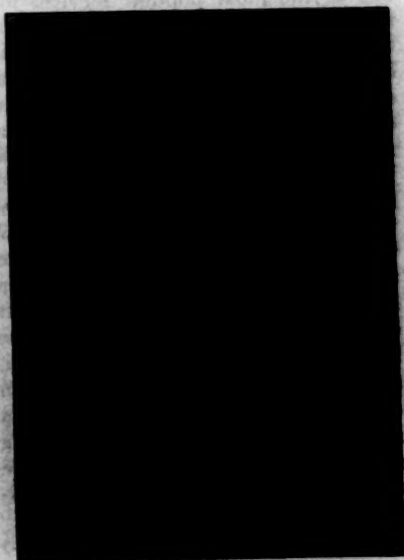
Arabella R. Creech, New Jersey



Mary C. Wheeler, Michigan



Margarita D. Rivers, Porto Rico



Mrs. Julia H. Taylor, California

Each one of these women is the spokesman for nursing in her state, or territory, and to many outside of the profession she is a sort of personification of all the nurses they have ever known. In her odd moments, she is developing the policies and ideals of nursing in her state, studying the changes in public opinion on nursing service, and keeping in close touch with the key nurses of the districts to learn the special problems of each locality. Every opportunity is seized to make contacts with health groups.

Each headquarters, as a clearing house of information on nursing, is a species of Congressional Library and "Ask Mr. Foster" service, rolled into one. At any hour of the day the resources of the office may be taxed to the utmost for the sake of an individual or a group. Special attention is always bestowed upon prospective students who are given all possible data on nursing education. This is one of the most popular services offered at headquarters. In several of the state offices, placement service is emphasized both for the state, and for communities in other parts of the country; no pains are spared to connect the right nurse with the right job. The secretaries have a way of learning of positions that nurses want.

To the student just out of school who may not be sure of the road to take or who feels the need of advice on a profession that seems wider than it did when she was in the classroom, the headquarters office is always open, and the advice gladly given by an experienced nurse often indicates a good way to start work. Young graduates need never say, "I have nowhere to turn," as long as headquarters last.

For the association which wishes to boost its membership through a campaign, suitable publicity is prepared

by the executive secretary. She has a number of devices, too, which aid in collecting dues; these she produces at the right time of the year. Her knack for distributing publicity is so well known that pamphlets, bulletins and news releases come pouring into her office to be circulated through the state.

Compiling is another intra-office activity. Lists of the graduates of the schools, of members and officers of the alumnae and district associations are secured and kept up to date, and central registries are aided in keeping their membership rolls alive. At any minute of the day, the executive secretary is expected to have a bird's-eye view of nursing and to be able to reproduce it.

In the field, the secretary has a sure instinct for district and alumnae meetings. If there is one at a given moment anywhere in her vicinity, she is certain to be found in the midst of it. Not satisfied with addressing nurses, she speaks before club women and social workers, too. She picks up knowledge of the problems of the districts as if she were gathering apples and, through her experience with other associations, she is able to shed light on questions crying to be answered. She introduces the profession to high school students and shows them dozens of parallel paths leading to splendid careers.

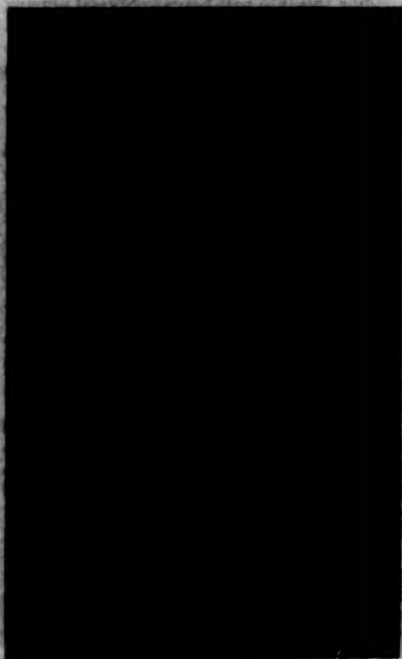
Several interesting experiments are being carried on in the states. In some cases, indeed, they have been developed into special hobbies. For the use of nurses who are in need of money, an emergency fund has been created in Ohio. It is designed especially for the nurse who finds herself financially embarrassed because of too long a period of enforced leisure. Where should a nurse in pecuniary straits turn, if not to her own profession?

Nurses in Georgia and Miss Van De Vrede in particular are developing a warm feeling of sympathy between the nursing and medical professions. There the doctors are in the habit of calling at the nurses' headquarters, and the members of this august profession are sometimes to be seen seated on the comfortable lounge or chairs in the recently acquired reception room. Space in the *Georgia Medical Journal* is being used by the nurses every month to present nursing service and its aims to the people of Georgia. This nursing voice speaks softly, but it is heard far.

A unique plan to increase the usefulness of the nurses' directories in a district in Pennsylvania is being worked out at the headquarters of the nurses' association. Through a system of committees and sub-commit-



Flora E. Keen, Kentucky



Margaret K. Stack, Connecticut

JULY, 1937

tees, the central directories in five or six towns are centralized into a strong unit which can provide nurses in any part of the district, according to the community needs. This is an example of a possible solution for the problem of distribution.

Three known ways to financing headquarters have been discovered in the states. Added funds for the purpose are raised through enlarging the membership of the state nurses' association, dues are increased, or taxation of each district according to its membership is used. Some states choose the first method, some the second, and others a combination of the first and second. It is generally noticed that increased membership follows the establishment of a headquarters.

In nine of the states, and in Porto Rico, the executive secretary has a full-time position; in three, she divides her time between the state nurses' association and the board of nurse

examiners; in one state she works full or part time as the occasion warrants; and in one, part time only.

Independent headquarters offices are maintained in nine states, one has established an office in conjunction with the central directory, another state headquarters is given office space in the bureau of nursing building, and in still another the headquarters and the state board of nurse examiners have a joint office. The nurses of Porto Rico transact the business of their association in the offices of the American Bible Society in San Juan, and Washington nurses share an office with the district association.

Scarcely five years old in most states, the headquarters movement is still a new one. Even at this early period, the state secretaries are quite obviously enjoying their jobs, and the nurses are as enthusiastic over these same secretaries as they are over the headquarters. Many prophecies are already being made that the leadership exerted by these offices will be one of the powers behind the profession.

[NOTE.—Too late for correction in the article itself, we learn that Mrs. Taylor of California is paid recording secretary, rather than executive secretary, and that the San Francisco District has a full-time secretary and a full-time assistant. Eo.]



Hourly Nursing in Paris

A NEW effort in Paris to secure nursing care at moderate cost for patients of the middle class in their own homes. The following is a leaflet that is just being circulated in Paris, in a plan to initiate a system of hourly nursing:

In Paris, as well as in other large cities, one can safely say that poor patients are able to secure free care, either in hospitals or in their homes, when they are in need of it. As for patients who are well off, they can always, nowadays, find excellent nurses although it is true that it is necessary to pay a somewhat high price for them (50 to 100 francs per day).

But it is the patients of reduced means, who do not wish to be charged with the poor person, who must be nursed with free nursing, who are not able to secure the care that real cases of sickness require and employ professional nurses.

Several heads of Schools of Nursing have decided to organize a cooperative activity which will endeavor to fill this need. The plan which is to be developed gradually is as follows: Each school will choose among its graduates one or more very good professional nurses who are well qualified and to whom will be given a monthly salary. These nurses will be placed at the disposition of middle-class families, to give nursing care for any kind of sickness, acute or chronic, making calls on the patient once or twice a day for as much as two consecutive hours if necessary. Paris will be divided into sections, according to the number of nurses in the service, in order to minimize the distances to be travelled by the nurses, in their coming and going. One nurse will care for at least two patients a day. The price of this service is temporarily fixed at 8 francs for the first hour of care and 6 francs for the second, with a possibility of dividing this into half-hours. Special nursing measures such as hypodermic injections and other special treatments will be charged for at the rate of 5 francs. Other measures, such as wet sponging, dressings, and procedures which take a longer time, will be charged for at the rate of 8 francs the first hour.

La Maison-Soleil d'Infirmités Privées, 65 rue Valenciennes, XIV (Médicaments) (Chapel, Directeur), and École d'Assistances aux malades, 10, rue Anyot, V (Médicaments) de Jeanne, Directeur, have agreed to be the first to furnish, each one nurse, to initiate this project, commencing in several circumstances on the Left Bank. Others will follow, without doubt.

It is probable that the average cost will be 1,200 francs per month, per nurse, with additional cost for transportation, correspondence and telephone.

Subscriptions and gifts are being requested for this new work, the need for which is so great. In the proposed scheme it will be possible to employ the services of professional nurses who do not wish to work the whole day. It has been found that married women prefer, in general, to work part time, with proportional remuneration. This new plan for helping solve the problem of the middle-class patient in Paris is being sponsored by The National Association for Registered Nurses of the French Republic, 44, rue de Lisbonne, Paris, VIII.

Some Time Studies in Obstetrical Nursing¹

I

BY CHELLY WASSERBERG, R.N. AND ETHEL NORTHAM, R.N.

THE nursing care of a normal obstetrical patient will vary according to the routine of the hospital. The following tables have been made from a time study in the Woman's Clinic of the Johns Hopkins Hospital, Baltimore, Maryland:

IN 24 HOURS

Procedure	Average time required	Number of times	Total time required
<i>Mother</i>			
Bath	45 minutes	1	45 minutes
Bed making			
Care of perineum	10 "	2	20 "
Care of breasts	5 "	6	30 "
Taking of temperature, pulse, respirations	3 "	4	12 "
Charting	5 "	2	10 "
Assisting patient with meals	20 "	3	60 "
Intermediate nourishments	10 "	3	30 "
Changing water pitchers	5 "	3	15 "
Bedpans	5 "	8	40 "
Preparation for dinner	15 "	1	15 "
" " supper	15 "	1	15 "
" " night	20 "	1	20 "
			312 minutes
When ordered:			
Preparation of bed patient for porch	15 minutes	2	30 minutes
Pumping of breasts	10 "	6	60 "
			90 minutes
<i>Infant</i>			
Bath or oil rub	25 minutes	1	25 minutes
Changing of bassinet covers			
Weighing			
Taking of temperatures	3 "	2	6 "
Charting	5 "	1	5 "
Nursing	20 "	6	120 "
Giving of water	10 "	2	20 "
Changing of diapers	5 "	18	90 "
			266 minutes
When ordered:			
Weighing before and after nursing	2 minutes	6	12 minutes
Giving of supplementary feedings	15 "	6	90 "
			102 minutes
			12 hours, 50 minutes

The above calculations do not make any provision for the care of a patient in labor, which obviously must vary. Neither do they include any additional time needed for the care of a patient who has an abnormal condition during her pregnancy or puerperium.

¹ Several other studies of a similar character are now being made for the *Journal*.

II

BY A. ISABEL BYRNE, R.N.

This schedule shows the number of hours of nursing service required for the average normal baby during the newborn period (first two weeks) breast-fed, according to time studies made at the Sloane Hospital for Women, New York City.

DAY DUTY—7 A. M. to 7 P. M.

In 12 Hours

Procedure	Average time required	Number of times	Total time required
From crib to crib, includes making bed, temperature, bath, etc.....	20 minutes	1	20 minutes
Average, 4 bottles, i. e., post cecum feeding, sterile water, etc.....	5 "	4	20 "
Changing diapers and linen p. r. n.....	3 "	6	18 "
Breast care.....	5 "	3	15 "
Total time for basic care, average baby, 12 hours..	33 minutes	14	73 minutes

Nine-hour day equivalent to 540 minutes, divided by 73 minutes (average care for each baby during day) equals 7.4 babies to each student. Two students to every 15 babies allows additional time for charting, treatments, routine work, etc.

NIGHT DUTY—7 P. M. to 7 A. M.

In 12 Hours

Procedure	Average time required	Number of times	Total time required
Temperature.....	2 minutes	1	2 minutes
Changing baby and linen p. r. n.....	3 "	6	18 "
Two bottles (average).....	5 "	2	10 "
Breast care.....	5 "	3	15 "
	15 minutes	12	45 minutes

To care for one baby by one nurse on night duty..... 45 minutes
 " " " fifteen babies by one nurse on night duty..... 675 "

Averaging 45 minutes for one baby on night duty, we figure one nurse adequately cares for 15 babies in 675 minutes or 11.3 hours, leaving 57 minutes for routine nursery care.

Prevention of Deformity

The Significance of Posture

BY JESSIE L. STEVENSON, R.N.

A FEW days ago a tired mother and a fretful child were waiting their turn at a large orthopedic clinic in a Children's Hospital.

A nurse noticed the mother's uneasiness. "I am sorry that Dr. B. was delayed in coming today," she said smilingly, "but it will soon be your turn now."

"Oh," said the mother in evident surprise, "I came to see Dr. Orth."

The nurse looked mystified. "What is the matter with your baby?" she asked.

"He has crooked legs," said the mother. "The lady at the desk gave me this paper," she continued; "it is marked, 'See Orth' and they told me this was the place."

All over the country, the clinics are crowded with patients who have come to see "Dr. Orth."

A wave of popular interest in crippled children has been kindled and it is literally sweeping the country.

This interest has led to the establishment of a chain of Shriners' hospitals extending from Philadelphia to San Francisco; to the establishment of an International Society for Cripple Children, with its subsidiary state and provincial societies; to state and national legislation providing for the physical rehabilitation, the education, and vocational training of the cripple. Special schools have been established in many cities and several visiting nurse associations have inaugurated special departments for home supervision and after-care.

In one sense this is a big humanitarian movement; in another it is

self-interest; for the realization has come that it is less expensive to rehabilitate the cripple than to build institutions for his custodial care.

What is to be the place of the nurse in this movement? From one standpoint, the orthopedic surgeon and the nurse occupy the most strategic point of all, for if physical rehabilitation can be accomplished at an early age, many of the other problems may be solved by elimination.

Nurses in all fields—hospital, private duty, and public health—have a tremendous opportunity and a grave responsibility in the prevention of the causes which produce cripples. It is doubtful if any branch of nursing calls for keener observation.

The drop foot, the bent knee and hip, and the spinal curvature following poliomyelitis were once in the preventable stage.

The same general principles which apply to the prevention of deformities in poliomyelitis are equally applicable to the prevention of deformities in patients who have osteomyelitis, beginning contractures from burns, arthritis, hemiplegia, and a variety of other conditions.

It is true that in the beginning the pathological factor in these diseases may be the cause of the lack of balance in muscle power or limitation of joint action which tends to cause the deformity.

This is the time when the nurse must be constantly on the alert to watch the position of the patient. The rôle of nursing care in the prevention of such conditions has received far too little attention.



Mary—result of four years' lack of attention to position

Do Nurses Make Cripples?

Nurses in the hospital have these patients under their care for a relatively short time. They do not see them long enough to realize the physical and economic handicap of deformities. Later on, when the nurse sees a patient with a stiff shoulder, a tight elbow, or a bent knee, she usually thinks of him as a chronic. She does not realize that these may have been preventable contractures which began while the patient was under her care.

Lack of attention to posture (good position) in the acute and convalescent care of patients with poliomyelitis may result in severe deformities in a few months' time. The development of such conditions in other patients, because of improper position, is not so generally known. If the joint of a normal person were held in a fixed position for a long time stiffness would result. A person weakened by illness and with lowered resistance is much more susceptible to contractures from abnormal positions. The nurse should be taught to see the potential cripple in every patient whose illness is of long duration. Illustrations of some of these patients will make this more concrete.

Mary is a child of seven who had poliomyelitis when she was two. For four years she remained at home with every sort of care but the right kind. Since both legs were badly paralyzed, her only method of getting about was by crawling. When she was not creeping, she was in a sitting position, with both legs dangling, or sitting on the floor with hips and knees bent and legs rolled outward in a frog-leg position.

This child was discovered and referred for care when she was six years old. The family at that time attempted to get her into a special school for crippled children.

Arrangements were made for her to enter the hospital where operations were performed and casts applied. Then followed braces and an intensive period of muscle training. She remained in the hospital nearly nine



Mary—five months later

months. The accompanying pictures tell the story of her progress.

This is a fine piece of rehabilitation but these operations and the prolonged hospital care would have been unnecessary if the child's position had been watched from the beginning.

It is probable that two-thirds of the work of the State Societies for Crippled Children consists in getting

surgical correction for deformities that could have been prevented.

Constant sitting, without support, may cause flexion contractures of knees and hips, as well as drop foot. If the abdominal or back muscles are weak, a spinal curvature may develop. Pressure of the bed covers may also cause or aggravate a drop-foot condition. If the patient lies in bed for prolonged periods, propped up with pillows, and with knees flexed (bent), flexion contractures of knees and hips may result. If the legs are constantly allowed to roll outward, either in sitting or lying position, the hips may become contracted in the outward rotated position, causing a very awkward gait in walking.



Mary walking with braces and crutches

Elaborate apparatus is not needed to prevent such conditions. Sometimes the simplest devices are the most effective. The side and end of an ordinary wooden box may be padded and will support the feet at right angles, at the same time keeping



Splint to prevent foot-drop, made from half of wooden box, padded and covered

off the weight of the covers. A wooden trough will serve the same purpose and prevent the legs from rolling outward. Sandbags may also be used to prevent outward rotation. If the child is small, the knees may be bandaged together. Sometimes a waddling gait may be aggravated by an improperly applied diaper.

Inexpensive splints may be made by using basement screening, bending it at right angles to use as a footpiece, binding the rough edges with adhesive tape, and lining with felt or cotton. These may be bandaged on and removed for daily care.

A patient who sits a great deal should lie on the face a part of each day to avoid contractures of the hips. Sandbags placed on the buttocks will help to stretch beginning hip contractures. The position of the feet should be watched while the patient is in this position, particularly if there is a tendency to foot drop. The half of the box used to support the feet at right angles, when the patient lay on his back, may be turned upside down and used to support the feet when the patient is lying on his face. A pillow may be placed over it to make it more comfortable and the knees may be flexed.

Sometimes patients are kept on Bradford frames to prevent hip contractures. If this treatment continues over a long period for a patient (other than tuberculous), the hips, knees and ankles should be passively moved when daily care is given, or the joints may become stiff in the straight position. Movement of sensitive joints is less painful if given in warm water. If a tub bath is given, as much painless motion as possible should be attempted at that time and the nurse should observe how much the movement is limited.

The patient's daily activities should be watched to see how they affect his condition. If a bedside table is always on the patient's right, the natural tendency will be for him to twist and turn to that side. If the abdominal and neck muscles are weak, a beginning spinal curvature may develop, through over-exercise of certain muscles. Moving the table to the other side of the bed will mean that the patient will need to use both groups of muscles.

The arthritic patient whose neck is stiff should be watched closely or wry neck will soon develop from constantly turning to one side.

The position of a patient's hands and arms should also be observed. This is just as necessary in cases of hemiplegia as in poliomyelitis. Such patients are apt to hold the arm close to the side. Soon the muscles become contracted and it is impossible to get complete motion in moving the arm sideward from the body or in turning the shoulder outward. This means that she cannot comb her own hair or wash the back of her neck. If she cannot supinate the forearm, it will be difficult for her to feed herself with that arm. The patient will not be able to perform these motions as long as the paralysis persists, but

all of them should be performed passively, daily. The arm should be abducted to shoulder level and turned outward for a part of the time each day to avoid contractures. A woman of sixty-five who had a stroke of paralysis affecting the right side, has made a complete recovery in five months' time. Her position was watched carefully from the beginning and exercises were given daily. Undoubtedly her period of disability was shortened because she did not have the additional handicap of contractures.

Sometimes patients who have burns have a much longer period of disability because their positions have not been watched during the acute period of healing.

Henry had an extensive burn covering the right leg. While in the hospital, a pillow was kept under his knees to make him more comfortable. When the leg had healed, the knee was bent at an angle of about 75 degrees. This made it necessary for the child to walk on his toes with the knee bent. A series of wedge casts was necessary before this boy had the normal use of his leg.

Joe was more fortunate. He had been playing with a bonfire in the alley when his greasy overalls caught fire. The leg was badly burned, some distance above the knee, and below it nearly as far as the ankle. When he was referred for care, a small portion of the lower leg still required daily dressing and the knee was bent at an angle of 60 degrees. The scar tissue was not so heavy and tight but that the knee could be nearly straightened, passively. A splint was made out of a piece of a cigar box, padded and bandaged to the knee to hold it as straight as possible. The leg was daily massaged with olive oil, and stretching exercises were given. At

the end of a month's time the leg was straight and normal knee motion was present.

Frances had a burn covering most of her back. When in bed, she lay on her face with her head turned so that she could watch the activities of the ward. Soon it was noticed that a postural curve of the spine was developing. Her bed was moved to the opposite side of the ward, so it became necessary for her to turn to the other side to see what was going on. When she was able to be up, she was given some very simple postural exercises and spinal curvature was avoided as the burn healed.

Harry was a boy of ten who had an osteomyelitis of the lower leg. For several months he was in the hospital, where the leg was kept in good position. That is, it was held straight, the foot supported at right angles, and the leg not allowed to turn outward. It was held in the position of flexion for a part of the time each day, otherwise it might have healed contracted in the straight position. This, too, would have been a handicap, though more easily remedied than if there had been a flexion contracture. When the boy went home, the mother did not realize the necessity of watching his position. He sat most of the day in a chair with his knee bent and the foot hanging down. When he was seen, two weeks later, the muscle which straightens the knee had become weakened through this constant stretching and the flexor muscle was slightly contracted. The mother was advised to keep him for a part of the day on the settee with the knee straight. Prompt attention to position here spared him the additional handicap of having to walk on his toes with the knee bent.

Two babies with eczema were required to have their arms splinted

over a long period, so that they would not scratch their bodies. When the splints were removed each day for the treatment, they were given exercises of the elbow and shoulder to prevent stiffening.

Mr. Black was injured in a street accident. He was taken to a hospital where he remained four weeks. He seemed to have a complete paralysis of the upper extremities and partially of the lower. He was unable to feed himself, brush his own teeth or do the simplest things to help himself. He was sent home and told that he would be all right in time. He remained at home for two months. During all of this time no attention was given to his position and he was not moved about any more than was necessary in his daily care. At the end of this time, he was referred to another physician and hospital. The cause of the paralysis proved due to pressure on a nerve. This was relieved surgically and physiotherapy treatments were ordered.

By this time the joints of his fingers were entirely stiff, the wrists and elbows had very little motion, and the arm could be moved sideward from the body only about a third of the way to shoulder level. Now, after three months of treatment, there is power in nearly all of the muscles and a much wider range of passive movement is possible. However, the contractures which developed during the first three months of inactivity must entirely disappear before normal muscle action can be obtained. No one knows how long this man's convalescence has been lengthened because of lack of attention to position.

One would not think of associating the ill effects of posture with pregnant women, yet such was the case of Mrs. M. When first found, she was five months pregnant. She was a thin,

nervous woman and lay in bed with her hips and knees cramped and set in a bent position. There was no motion in her feet. She cried and complained constantly and would not move.

At the beginning of her pregnancy, she had gone to bed with nausea and vomiting and had refused to eat. She lost weight steadily and became very ill. She was then sent to a hospital where she was under treatment for several weeks. After her general condition improved and her appetite returned, she was brought home.

At this time she seemed to have no memory for recent events. She was melancholy and depressed. She said that her mother had been crippled and helpless with rheumatism all the last years of her life, due to an infection which followed the birth of a child. She was sure she would be like her. Over and over again during each visit she would say, "Nurse, will I be like my mother? Will I ever walk again? Nurse, do you think my legs will ever be straight?" and, "O nurse, I know I am going to be like my mother; you only say I am not, to fool me."

She could endure only the lightest massage and very little motion in the joints. At the end of seven months she gave birth to a premature baby who lived only a few days. A few weeks later the exercises were continued. The husband made sandbags which were placed on the patient's buttocks to help stretch out the tight hips. Gradually the soreness has left the muscles and the tight tendons have loosened until, instead of being painfully set at an acute angle, the left knee is straight and painless and the right nearly so. The patient eats well, is cheerful, and is gaining in weight and strength. She slides out upon a chair by the side of her bed,

she can pull herself up to a standing position and, with the help of the nurse, she walks the length of the room and back. These were avoidable contractures for, during the first five months, no one made the effort to see that the patient did not lie in this cramped position.

There are times when a patient is so acutely ill that efforts to prevent deformities must be discontinued in the effort to save the life. Such was the case with Josie, a five-year-old child who had multiple abscesses of hip and knee. Her general condition was very poor and she constantly lay in a frog-leg position—with the hips rotated outward and the knees bent. Efforts were made to keep the hips in proper position with sandbags, but to no avail. The child was very septic and the least touch disturbed her. Due to excellent care, her general condition has improved. The infection has cleared up and she has gained in weight. Her hip, however, is ankylosed in the outward rotated position and she may never walk again.

From these illustrations, it will be seen that orthopedic nursing has a much broader application than we have thought. *The importance of good position is not limited to the care of poliomyelitis, tuberculous bone, fractures, or arthritis. It should be considered in the care of every patient in the hospital or in the home.* The effects of abnormal position are not noticed so quickly as are symptoms of acute appendicitis or pneumonia. For that reason we have lacked the vision to see the ultimate seriousness of a beginning deformity.

Greater emphasis needs to be placed in the teaching of student nurses about the relation of posture to deformity. Nurses in private duty, hospitals and public health must study more effective ways of teaching

it to patients and their families. When this has been accomplished, we shall have made a big contribution to the prevention of the causes which produce cripples.

MOVEMENTS OF NORMAL JOINTS

1. Leg:

A. Hip—(motion takes place between the acetabulum and head of femur).

1. Flexion—drawing the knees toward the chest.
2. Extension—straightening the thigh from the flexed position.
3. Abduction—moving the leg sideward from the middle of the body.
4. Adduction—moving the leg from the position of abduction toward the midline of the body.
5. Inward rotation—turning the leg inward.
6. Outward rotation—turning the leg outward.
7. Circumduction—a combination of the other movements.

B. Knee—(motion takes place between the tibia and fibula and lower end of femur).

1. Flexion—bending the knee, bringing the heel toward the thigh.
2. Extension—straightening the knee from the position of flexion. (There is a very slight amount of inward and outward rotation of the tibia and fibula on the femur.)

2. Foot:

A. Ankle—(motion takes place between the astragalus and the lower end of tibia).

1. Dorsal flexion—bending the foot up at the ankle.
2. Plantar flexion—extension—pushing the foot down from the position of dorsal flexion.
3. Inversion—(motion takes place between the os calcis and the astragalus). Bringing the inner border of the foot up and in, the sole facing toward the midline of the body.

4. Eversion—(motion takes place between the os calcis and the astragalus). Drawing the outer border of the foot up and out, the sole turning from the midline.

5. Adduction—(motion takes place between the astragalus and the scaphoid bones). Drawing the fore part of the foot toward the midline.

B. Toes.

1. Flexion—three joints bending.
2. Extension—straightening.

3. Arm:

A. Shoulder—(motion takes place between the head of the humerus and the glenoid cavity).

1. Flexion to the horizontal (anteroposterior plane)—raising the arm forward to shoulder level.
2. Flexion above the horizontal—continuing the same movement to the vertical position (arm straight above the head).
3. Extension—from the flexed position bringing the arm down to the side.
4. Hyperextension—from the position of extension (arm at side).
5. Abduction—to the horizontal (latero-vertical plane)—raising the arm from the side to the shoulder level. Adduction—above the horizontal—continuing the same movement to the vertical position.
6. Adduction—from the position of abduction, bring the arm down to side.
7. Horizontal adduction—from the position of abduction bringing the arm toward the front of the body at shoulder level.
8. Horizontal abduction—from the position of flexion, carrying the arm backward at shoulder level.
9. Inward rotation—turning the arm inward.
10. Outward rotation—turning the arm outward.
11. Elevation of shoulder girdle—shrugging.
12. Circumduction—combination of the other movements.

Elbow—(motion takes place between the lower end of humerus and ulna).

1. Flexion—bending the forearm toward the shoulder.
2. Extension—from the position of flexion straightening the arm.

Forearm—(motion takes place between the ulna and radius, rotation on the ulna).

1. Supination—palm down, turning the forearm until palm is facing up. The position of supination known as anatomical position. (In this position the radius and ulna lie parallel to each other.)

2. Pronation—from the position of supination turning the forearm until the palm faces down. (In this position the radius lies obliquely over the ulna.)
- Wrist—(motion takes place between the lower end of the radius and the first row of the carpals).
1. Flexion—bending the hand toward the forearm, keeping the palmar surface facing the forearm.
 2. Extension—bending the hand backward.
 3. Radial flexion or adduction—wrist extended, bend hand sideways toward the thumb side.
 4. Ulnar flexion or adduction—wrist extended, bend sideways toward the little finger side.

Fingers:

1. Flexion—three joints bending.
2. Extension—three joints straightening.

Spinal Column:

1. Flexion—bending the trunk forward.
2. Extension—bending trunk backward.
3. Lateral flexion—bending trunk sideward.
4. Rotation—twisting from side to side. (This movement is not clearly separated from that of lateral flexion.)

Neck:

1. Flexion—bending head forward.
2. Extension—bending head backward.
3. Lateral flexion—bending head sideways.
4. Rotation—bending head from side to side.



A Short-Story Competition

THE Public Health Nurse offers prizes, varying from \$20 to \$50, for short stories on public health nursing. The competition closes on September 15th. For particulars, write to Contest Editor, National Organisation for Public Health Nursing, 370 Seventh Avenue, New York.

Prepare Now for Fly Time

FLY time will soon be here. The following bulletins will then be "seasonal reading." You may obtain them by applying for them as indicated below:

"Flytraps and Their Operation," Farmer's Bulletin No. 734, United States Department of Agriculture.

"House Fly Control," Farmer's Bulletin No. 1408, United States Department of Agriculture.

"The Fly," State Department of Health, Albany, N. Y.



THE object of such a composite committee should be to make a careful, detailed, unbiased study of the situation and then to make a definite recommendation in order that the various parent organizations might take whatever action they deem best in the light of such information. The committee itself should have no directing or punitive force.—From "A Five-Year Program for the Committee on the Grading of Nursing Schools," by MAY AYRES BURGESS.



About California Registration

AT various intervals, and for no apparent reason, a rumor becomes current that California registration, on or after a certain date, will require an examination, whereupon floods of applications come into the office of the Bureau of Registration of Nurses from all parts of the United States, and correspondence is greatly increased to deny the rumor. The basis of registration of nurses from other states or foreign countries when a certificate of registration is held has not been changed, and unless it is indicated, an application is not required.

In a previous issue of the *Journal*, under the caption, "A Friendly Warning," it was asked that nurses contemplating coming to California would inquire about registration before entering the State, and would have credentials, including renewal cards, in good shape on arriving.



TO the new graduate—Have you received a green and white card from the *Journal*? If not, write us.

A History-of-Nursing Society

Organized by Nursing Students of Teachers College

BY HALLY FLACK, R.N.

THE desire for a permanent organization that would foster and stimulate interest in the collection, study, and preservation of historical data, led the students of the History-of-Nursing class to organize the History-of-Nursing Society of Teachers College. This is the first definite step that has been taken, by nurses, to organize for this purpose. These students have had the privilege of Professor Isabel Stewart's interpretation of nursing history, and they have responded to her dynamic enthusiasm and have also had the unique opportunity of browsing in the Adelaide Nutting Historical Collection, which is housed in Russell Hall Library. It seems fitting, therefore, that here at Teachers College should arise the first Society for the purpose of perpetuating an interest in nursing history.

Although such a society has been one of Miss Stewart's long-cherished dreams, it was only at the close of the winter session of 1927 that any definite plan was proposed for its organization. At this time, the students in the History-of-Nursing class met, as Miss Stewart's guests, in the Women's Faculty Room, for an informal discussion of their individual projects of the year. Each member gave a brief résumé of what she had gathered in her study of some especial period or phase of nursing history. Nurses who have worked in foreign fields presented some very illuminating evidence of what had been done in the care of the sick in these countries, and, like those who had chosen for study some particular hospital, or

phase of nursing in this country, deplored the lack of available documentary data.

When it was suggested that a society be formed to further interest in nursing history with the object of collecting authentic data from living pioneers in nursing, and of encouraging the writing of current history by those taking part in its making, the group expressed a unanimous desire to launch plans for forming such a society without delay. Accordingly, a committee of five was appointed to draw up a tentative plan of objectives and activities for the proposed organization.

It was agreed that when the committee had drawn up a plan of organization they meet with Miss Nutting, and present the plan to her for her criticism. This was done, and the hour spent with that beloved leader will be long remembered. It was a humble but resolute quintette that left her presence that evening—humble, because of the vastness of the undertaking as unfolded by our farsighted counsellor; resolute, because of the inspiration she gave, and because of her confidence in their ability to help in carrying on the magnificent work which she and other nursing pioneers have so nobly begun.

The following week, the committee arranged for a meeting of those interested in forming the society. The tentative plan of organization was presented and was unanimously accepted. To their great satisfaction Miss Nutting consented to act as Honorary President, and Miss Stewart as Faculty Adviser. Marion Wells

was elected president; Hally Flack, vice-president; Louise Oates, secretary; Helen Munson, treasurer; and Mary Power, librarian. The following are the objects and activities as outlined by the committee:

Objects

(1) To provide a medium for bringing together students and others who are deeply interested in the serious study of nursing history including international nursing relationships.

(2) To foster methods of historical study and to encourage the preparation and publication of reliable articles and reports dealing with nursing history.

(3) To collect and preserve historical materials relating to nursing, including anything on hospitals, public health, etc., which is likely to be of direct and vital interest to the student of nursing history now or in the future.

(4) To honor pioneers and leaders who have made some substantial contribution to nursing history, and to cultivate and maintain cordial relationships with representatives of nursing in our own and other countries.

(5) To keep in close touch with current developments in nursing, both national and international, and to cultivate the long view and the broad view in dealing with modern problems in nursing.

Membership

(1) *Honorary*—Any person who has made a substantial contribution to nursing history and who has been unanimously elected by the organization.

(2) *Active*—Anyone who is in sympathy with the objects of the organization and who is able and willing to cooperate in making them effective. Active members should live near enough to attend meetings and join in the activities of the organization.

(3) *Corresponding*—Anyone qualifying as an active member who lives too far away to attend meetings and to share in all activities, but who contributes to the organization by keeping members in touch with developments in other countries or in isolated sections of this country.

Proposed Activities

(1) To take charge of the History-of-Nursing Section of the bulletin board and to search out and post appropriate items of interest from current news, papers, and other sources.

(2) To take a definite responsibility for building up and maintaining the Adelaide Nutting Historical Collection in the Teachers College Library, with the object of making it as valuable as possible to students of nursing history now and in the future.

(3) To start a small museum for objects of historical interest to be added to the Adelaide Nutting Historical Collection.

(4) To add to the departmental collection of pictures, lantern slides, pamphlets, clip-pings, etc., in Room 106.

(5) To build up the archives of the organizations so that this material may be a valuable contribution to the history of nursing in the future.

(6) To entertain representative nurses and others who have helped to make nursing history or who have contributed in some definite way to historical study.

(7) To encourage the formation of historical clubs in other sections of the country and, if it seems wise later, to join with them in some kind of a national organization to be called "Associated History-of-Nursing Clubs" or "History-of-Nursing Society of America," or some such title.

(8) To visit second-hand book stores in New York, with the idea of discovering materials relating to nursing history.

The first meeting of the new society took place on March first, in the Women's Faculty Room, and Miss Nutting, very fittingly, was the chief speaker of the evening.

After congratulating the infant organization on the opportunities ahead of it, Miss Nutting shared with us her vision of what the beginnings of a History-of-Nursing Society might lead to, by way of developing an international interest in our history. The tapping of undiscovered sources, both in our own and other countries, should open mines of valuable information to the nursing world. The faithful recording of current history, so that future nurses may know "why they do and think as they do," well deserves to be one of the main objectives of the society.

Miss Nutting went on to speak of what led to the writing of the "History of Nursing." Always interested

in history; always curious to know what made people do things that they did; and ever eager to connect events with beginnings, the young girl from the quiet country home where biography, history and Dickens were read and re-read, and where she was "always secretary of something or other" in her small community, went out to become the young nurse in Johns Hopkins. How vividly we could recall with her the profound impression that the hospital made!

That such a highly organized institution as she had become a part of, could spring into being without the pressure of some powerful past influences she could not believe, so she set about to find out what they were. Uniforms, badges, caps, traditions marking authority and responsibility could be traced to their two main lines of descent—the military and the ecclesiastical. She proceeded to follow these clues and to search out books in the public libraries; the Surgeon-General's files at Washington and everything that might contain an account of the nursing work of her predecessors. This interest in the historical aspect of nursing grew with the young nurse's hospital experience, and when, having passed through the stages of the hospital hierarchy that brought her, in a few years, to the position of Superintendent of Nurses, one of her principal interests was the building up of a library for the use of her student nurses.

Miss Nutting was determined that future nurses should have an opportunity to know the background of their professional life. Lavinia L. Dock, who was at that time secretary of the International Council of Nurses, and a profound student, joined her in her search for all available historical materials. Historic hospitals in this and other countries were visited, and

such information as was relevant to a history of nursing was compiled. Personal interviews with leaders of nursing in other countries, and observations of nursing and hospital conditions were written up in that interesting way that makes the "History of Nursing" such delightful reading.

It was the conviction of the worthwhileness of this material that led these indefatigable women to carry out so stupendous an undertaking, involving as it did many long evenings at the end of busy days of hospital routine.

Those who now enjoy the fruits of their labors bless them for the gift they have made to the profession. If the History-of-Nursing Society can help keep alive their spirit, arouse more interest in the study of nursing history, add even a little, to the historical materials they have already gathered, it will have realized its major objectives.

With the interest that is already being evidenced in the new society, as well as the declaration of some of its members to form similar societies in South America, India, Finland and other foreign countries from whence they come, it can hardly be considered too visionary to look forward to the not-too-far future when such scattered units may unite in national and international organizations, meeting at the same time as our other professional associations.



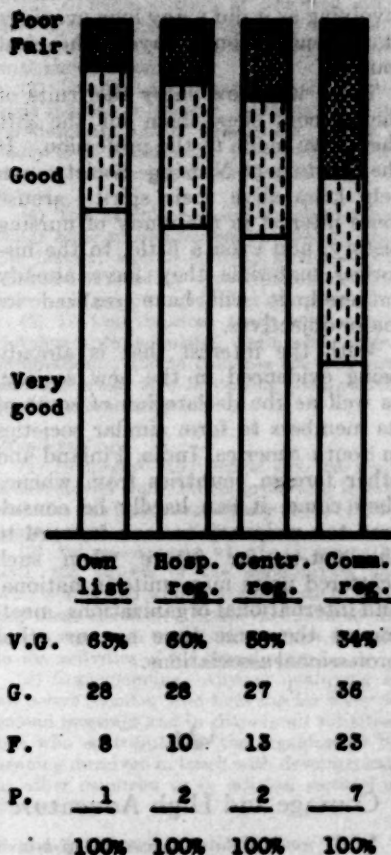
Courage and High Adventure

*"YET would I claim the citadels of heaven,
Ramparts of beauty never overthrown,
Take them with battle, enter in with singing,
After all hazard hold them for my own."*

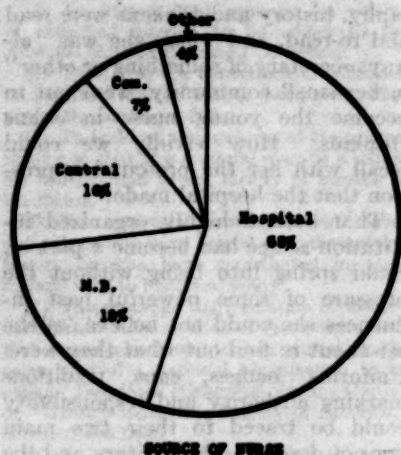
—From "Citadels," by
MARGUERITE WILKINSON

How Private Duty Nurses Are Secured

THE Committee on the Grading of Nursing Schools asked the doctors in ten states, "Where did you get your nurse?" The returns show 55 per cent from the hospital registry;



QUALITY AND SOURCE



18 per cent from the doctor's own list; 16 per cent from the Central registry; 7 per cent from a commercial registry; and 4 per cent from other sources.

The diagram raises two questions. First, is the hospital the most efficient organization to administer private duty nursing in the community? Second, if the commercial registry is used so little, why is it discussed so much?

"Was the nurse very good, good, fair, poor, or very poor?" (In this diagram poor and very poor are combined.) Naturally enough, the highest vote goes to the nurses selected from the doctor's own list. The hospital registry meets the doctor's needs slightly better than does the central registry and both are markedly more successful than the commercial registry.

Editorials

More Bouquets than Knocks for Private Duty

THE bouquets far outnumber the knocks, according to more than six hundred patients who have told the Grading Committee what they think of the private duty nurses who recently cared for them. The great majority of them liked their nurses and many were enthusiastic. Replies are still coming in, but as the six hundred have come from all of the ten states included in the study, they may be assumed to represent a true cross-section of the feeling toward this group of nurses. The points they stress are often illuminating, since they indicate the large part spirit and personality play in success or failure. Says one, "The whole household, including the servants, liked this nurse. She often did things that could not often be asked of a nurse. She was at all times professional in a quiet, unobtrusive way. She was always cheerful and quietly optimistic." Says another, "She made so much of pleasant details. I could rave on indefinitely. She was one Peach."

Criticism, when it does occur, is sometimes rather dreadful, having to do with actual thoughtlessness or incompetence. These are the things that are so frequently discussed as to have cast a veritable cloud of misunderstanding over private duty. All of this material will, of course, be a part of the supply and demand study to be published later and it is to be expected that much of the cloud will be dispelled.

But why wait for the Grading Committee? We beg to remind our readers that many institutions have been alert to the importance of knowing exactly what patients think of the

care they receive. For example, Dr. Goldwater, the able and astute Director of Mount Sinai Hospital, New York City, sends a very friendly letter to ex-patients, some 30 or 40 per cent of whom respond to his invitation to comment on the care they received while in the hospital. Dr. Goldwater states that "only in rare instances do the few complaints that come in refer to the nursing service." Those we have gleaned from the records have to do, not with actual nursing but with thoughtlessness, about loud talking in corridors and unwise discussion of patients.

The point we wish to make is just this: the work of the Grading Committee is enormously important, but it would be unfortunate if schools or hospitals or individuals idly waited for the actual grading when there are many examples, such as that so brilliantly demonstrated at Mount Sinai, of the value of constant self-analysis and of competition with one's own past performances.

Wanted—Instructors

NO one yet knows exactly how many nurses have been graduated from our schools in May and June, but we do know that our professional ranks have been increased by some thousands of eager young women. No one knows what contribution they will make to the work of the world, but one may predict and, better yet—one may hope.

Invitations to commencement exercises have daily drifted across our desk, no two quite alike. With keenest interest we have noted on more programs than last year the line "Presentation of Scholarships." These come from the forward-looking schools

—schools that are encouraging further development of their best students. Eminent nurses have risen from obscure and good schools alike and without this initial "boost." Some who have not had the incentive of a scholarship have had discerning principals who have taught and early urged them to "go forward." Others have won a place in the sun through ability and sheer courage.

There are many ways of looking on this splendid and shining young army. One is with a yearning interest in them and an almost palpitant desire to help them find themselves in professional life. They are reminded of the resources of alumnae, state and national associations that are all at their disposal.

In some recently published figures the statement was made that, of the graduates of 72 schools of nursing, 38.80 per cent were married or retired; 4.81 per cent dead; 12.64 per cent in institutional work; 6.70 per cent in public health nursing; and 4.26 per cent in other activities. The figures were used to show, primarily, that the married nurse is an economic loss to the institution which provided her training, but the married nurse is a remarkably good citizen and is often not only an unusually useful worker but a brilliant leader in our professional organizations. Following the example of other professional women, many nurses remain in active practice after marriage.

The social order is changing and nursing with it. For example, private duty, relatively unchanged for fifty years, must soon show radical adjustments if it is to survive at all. Not until the studies of the Grading Committee have been carried much further, shall we have a large body of data on which to base conclusions regarding our schools. One factor, however,

need not wait for analysis; the need is so acute in schools in all sections of the country that too much emphasis cannot be placed upon it. It is the need for qualified instructors and for more of them. School after school searches for teachers. Winners of this year's scholarships, and others, will do well to look into this fundamental need of the profession before deciding upon their course. Schools will do well to look into the conditions with which they surround those who teach. "Wanted—an Instructor To Teach the Standard Curriculum" is almost as absurd as would be a headline, "Wanted—a Man To Stop a Break in the Levees in Louisiana."

Nurses who prepare to teach will do well to acquire a thoroughly substantial body of knowledge about a few subjects and a knowledge of general developments in the profession as a whole. Schools will do well to provide more reasonable conditions for teaching, and this should definitely include time for preparing for classes. There is no need to wait for further guidance before instituting these reforms. The nursing profession has suffered rather dreadfully from the teaching of well-meaning but overworked people who, as they have walked into classrooms, have audibly wondered "where I left off last time."

The world is changing and nursing with it. Nurses cannot, like Topay, be allowed to "jost grow," for such nurses cannot hope to successfully cope with the present-day demands of society. Nurses must be taught and well taught.

Out of this year's shining throng of graduates let us hope that there are nurses who will one day stand among those greatly honored because "the flame of knowledge grew a little brighter" in the hands of those they taught.

Again—the Registries

IF the majority of hospitals were really the health centers of their communities, the diagram presented by Dr. Burgess on page 556 might be accepted as representing a wholesome condition; but with conditions as they are, it is not wholesome to have 55 per cent of calls for private duty nurses placed through hospital registries and only 16 per cent through central registries.

Consider the plight of the patient in a city where there are several registries. At a time when it happens that there are no nurses on the hospital registry favored by his doctor, the other registries have to be called in turn until a nurse is found, and when found, she is usually not keenly interested in moving out of her own circle.

Nurses are each year accused more and more of disliking cases out of town, in homes, or in any hospital except those in which they were trained. Small wonder, when a condition of inbreeding, tending to encourage a lack of initiative, such as that shown on the diagram, exists.

There has been much talk of late of hospitals as health centers. If each hospital were a true health center for a definitely indicated area, it would logically be the place for a nurses' registry, but hospitals are as yet very far from reaching this ideal. Most of them are too actively concerned with the problem of securing nursing care for the patients under their own roofs to give more than marginal attention to those who appeal to them for nursing outside their walls. The hospital registry exists frankly and primarily to serve its own need, only secondarily to extend a friendly service to the graduates of its own school.

The problem of distribution, so ably discussed by Dr. Van Etten in this issue, is not merely a town and country

problem, it is essentially a problem of private duty nurses in and private duty nurses out of hospitals, of private duty nurses for long and private duty nurses for short periods. The matter of vocational guidance to nurses desiring institutional or public health positions is also bound up in this problem and is as yet receiving less attention than it needs.

There are no more serious matters confronting the profession than these of distribution. With the diagram before us, it seems clear that the time is ripe for a thoroughgoing study of the registries in each city. We have knowledge of one city in which the Chamber of Commerce threatened to set up a rival registry, if the Central Registry would not enlarge its scope to include all types of persons who care for the sick for hire. Such a conflict moves one to paraphrase Riley's immortal line to "The Chamber of Commerce will get you if you don't watch out."

Nursing is not a matter of concern to nurses only. It is a matter of concern, sooner or later, to every citizen in a community. Chambers of commerce do well to study the problem. If we hope to remain a group of self-directing women, it is time for us to expand our thinking and to rally our forces for the organization of central registries that will really be community registries—registries that will be respected and assisted by chambers of commerce, registries such as have been discussed more than once in these columns, registries that will serve all the nursing needs of a community in close coöperation with all the medical and social agencies which are so vitally concerned with all matters relating to health. Chambers of commerce, in cities where health has been made a matter of civic pride, use the fact as an inducement to those they desire as residents. They could

give enormous impetus to the work of central registries, if convinced that the registry programs are truly comprehensive.

Are We Ready?

NO challenge of greater importance has ever been thrown before the nursing profession than that of the appointment of the Nurses' Sub-Committee for the Building up of Funds for the Grading Committee.

The public is asking, "Is nursing a profession?" Nurses themselves, through the support they give this nursing study, will answer the question in the affirmative or the negative.

Although the study has just begun, it has already revealed the swift changes which have taken place in nursing, the past few years.

"Unless something is done, our profession is doomed," says one nurse answering the questionnaire sent out by the committee.

Another states: "We do not average as much money as women whose preparation takes six months"; while a third says: "I am leaving private duty because my average case lasts three days or nights in the hospital, and five in the home."

All of these comments point to a profession which needs to know more about itself. If types of disease are changing, if higher living costs and less space to call home often make full-time nursing service impossible for patients of moderate means, if economic security for nurses is decreasing rather than increasing, it is time for all members of the profession to be aware of the facts.

Nursing is a young profession, but it has reached maturity. Its formative years are over forever. Either it will go on to greater things or it will slip back to lesser. There will be no chance or luck about it, either way.

The future is wholly up to the individual nurse.

One dollar with no tax! This amount will be asked from every member of the American Nurses' Association for the five-year grading study. A total of \$61,713 if each nurse does her share! Surely it is a small investment for an enterprise that will repay the individual a thousandfold. All nursing groups will be allowed to take part; also, state and district organizations of the American Nurses' Association, state and local Leagues of Nursing Education, state and local associations of the National Organization for Public Health Nursing. The returns for these groups, too, will be amazingly large. Such dividends were never offered nurses before.

Meanwhile the answers to a thousand questions are boiling in the pot. How may the public secure the diversity of types of nursing service that it should? What should be done to improve the economic security of members of the nursing profession? How may skilled nursing service be placed at the disposal of patients, according to their requirements? What should constitute the education of the nurse? How may official registries be improved so that all communities may be adequately nursed?

You insert a dollar and you get your answer. Four other health organizations are taking part in the study, but the problem lies closest to the hearts of nurses. Members of these other associations have their eyes on the nursing profession. Will it rise to the occasion? Those who know nurses best, smile and say, "Yea."

Blue Sky and Safety

BLUE-SKY stock is hitting the earth, according to the Better Business Bureau, an organization maintained by business concerns for

the investigation of investments, to offer its services free of charge to the public.

As a result of the activities of the authorities and of these bureaus which are maintained in forty-three cities, it is said the man who would swindle the public on a large scale has no chance. People now know where they can get authoritative information, and they go after it. Any man or woman in a small community may ask a bank about a certain security. This bank, in turn, writes to a banker in a larger city who, if he lacks data, hands the matter over to the Better Business Bureau for investigation. Facts, not opinions, are the duty of this bureau, and it hands them out impartially. The record of the officials of the company in question, its assets and liabilities, the present market for the security—data on these questions and others are secured.

Have nurses been poor investors? On the records of the Better Business Bureau is the story of the Physicians Medical Hotel which offered much to nurses and took their money for stock which proved worthless. Members of the profession need never be caught in this fashion again.

Because money does not come easily to most nurses, it behooves them to dispose of it with discretion. As a first step in the investigation of securities, the Better Business Bureau cautions the individual to ask the salesmen ten questions and then to ascertain the truth of the replies.

They are as follows:

1. What are the names and principal address of your employers and how long have they been in business?
2. With what bank does your firm do business and what are its other references?
3. What were the assets (real worth) of the company, in which stock is being sold, at the date of its organization, and what are the assets now?

4. What are the company's liabilities?
5. What are its earnings?
6. How many times has interest or dividends on this security issue been earned in the past five years?
7. Who are the officers of the company, and what is their record of business activity during the past five years?
8. What experience have these officers had in the business in which the company is engaged?
9. Is this security accepted as collateral for loans at banks?
10. What is the market for this security in the event I want to dispose of it?

With the answers secured to these questions, it is impossible to go wrong. Gone is the paradise for the one-visit salesman who wants a snap decision, for the oily voiced individual who sells over the phone with promises to which his company cannot be held because of the lack of witnesses. Careful consideration and deliberate decisions on the part of the buyer are eliminating these methods. A growing business intelligence and integrity will reign in their stead.

In Fascinating San Francisco

FASCINATING, glamorous, seductive, San Francisco! How she wove her spell about the members of the League! The six hours a day of solid work on the splendid program, with some evening sessions thrown in for good measure, were interspersed with early breakfasts, gay luncheons in unique cafes perched high on Telegraph and Russian Hill, festive dinners in Chinatown and elsewhere, swift drives through Golden Gate Park. Such was the week spent by the League in San Francisco. Who that has ever viewed the city from the winding drives of Twin Peaks, gazed down from Tamalpais on the sunset glory of the Golden Gate, can ever forget the charm of the city of which Kipling wrote, "San Francisco has only one drawback, 'tis hard to leave."

Anna C. Jammé headed the Committee on Arrangements and was aided by a host of the California League members who seemingly had the whole city at their disposal. Never before had the League driven through a city in cars which had the right of way. Its members now know how President Coolidge feels (sometimes!) for they too were escorted by a corps of motorcycle policemen which cleared the way with wailing sirens.

The "Mirrors of the League" featured the closing banquet and gay were the speeches, though none other compared with that of Anne A. Williamson, President of the California State Nurses' Association whose deep love for her state shone through all her gay spoofing. Her use of the simple Shaker greeting, "We're glad to see you, we hope you'll come again," will long remain in the hearts of those she welcomed.

An Epochal Convention

IN her presidential address, printed elsewhere in this issue, Carrie M. Hall, who was elected for a third time to guide the League, recounts its progress since the last meeting in San Francisco in 1915. It is a history of steady growth but the thirty-third convention marks a turning point for, just as other professional organizations have done, the League has adopted the statistical or scientific method of obtaining educational facts.

One after another the sessions of the carefully constructed program unfolded and revealed new stores of fact rather than opinion. The magnificent charts shown by Dr. Burgess in her reports of the Grading Program were, of course, the high lights. The first gleanings of data secured by the Education Committee and reported in a series of excellent papers, and the brilliant reports on New Type Exami-

nation Questions which featured the Instructors' Section, were proof positive that nursing education is adopting the scientific method. Mary C. Gladwin presented a study of the Educational Needs of Small Hospitals that was startling in the stark vividness of its portrayal of conditions which demand the most sympathetically constructive remedy that nurse educators and the rest of society can apply. This important paper will appear in the *Journal* at an early date.

Almost equally scientific, although not statistical, were some of the "extra program" gatherings. For example, the Public Health Section of the League for Women Voters seized the opportunity to have some of the nationally known nurses participate in a program on "The High Cost of Sickness" on which speakers, both men and women of various professions and many shades of opinion, expressed their views. At this meeting, Janet M. Geister's discussion of small-package nursing made a profound impression. Again, across a luncheon table, a group of San Francisco's best thinkers on education and nursing education listened to the program of the Grading Committee and exchanged ideas on the "next step." The Fascinating City's club women are of a remarkably vigorous, forceful and delightful type. Their forum on High Cost is one that might profitably be emulated in every city that is the fortunate possessor of wise leadership in nursing and health matters.

Nursing has been moving uneasily within the shell of her chrysalis for many years. With the adoption of educational methods such as were so admirably demonstrated in the papers of this convention, it may soon hope to emerge with the wings of a true profession.

The Grading Program

FOR three intense hours out of its busy week, the League studied the material which is being presented by Dr. Burgess as the first returns from the nation-wide supply and demand study now being conducted by the Grading Committee. The *Journal* hopes in subsequent issues to print portions of her manuscript, but the following high spots seem worthy of immediate comment.

In her first address, Dr. Burgess dealt with the problem of organized nursing service. She pointed out that of about 17,000 nurses who furnished data for the study, and who are actually engaged in nursing, one in every five is married. "Nursing cannot properly be regarded as a stop-gap occupation. It is a life work with which marriage does not necessarily interfere." She suggested that all professional workers desire four things, which are made possible through the organization of the workers into groups. These four things are:

Reasonable hours,
Adequate income,
Constructive leadership,
Opportunity for professional growth,

and showed that in public health and institutional nursing these conditions exist; but that in private duty they are woefully lacking. She showed that public health and institutional nurses are happy; private duty nurses are not. Public health and institutional nurses are organized, under leadership, and private duty nurses are not. "The typical private duty nurse earns less, works less, worries more, is sick more, and rests less, than do the typical workers in the other two groups. The average yearly salary for private duty nurses is \$1,324; for public health nurses, \$1,714; and for institutional nurses, allowing \$500 a year for maintenance, \$2,103.

An interesting chart showed nurses' educational background and indicated that organization tends to raise the educational standard of the workers. Public health and institutional nurses are for the most part better paid and better educated than are private duty nurses. Private duty nurses are leaving the field in great numbers, and the better her education, the more apt the private duty nurse is to be dissatisfied. In public health and institutional nursing there is no such wholesale exodus.

Through all the discouraging returns from private duty nurses, two facts were strikingly apparent: First, many private duty nurses would much prefer general floor duty, if they could be assured of a reasonably short day, friendly and intelligent supervision, and a large enough staff so that they could have time enough to give each patient adequate care. The second fact, emphasized over and over, is that private duty nurses, in spite of all their difficulties, love their profession. In hundreds of ways they testify "I do love nursing!"

Dr. Burgess' second paper dealt with the problem of the doctor and the nurse. She showed the chart, a copy of which appeared in the June issue of the *Journal*, which is based on doctors' replies to the question, "Would you like to have the same nurse again on a similar case?" Some 87 per cent of all the doctors answered "Yes!"

"Doctors," said Dr. Burgess, "like their nurses. They prefer registered nurses, and employ them when they can. Practical nurses were few in number and frequently unsatisfactory. The doctors agree that there is no such thing as a general nursing shortage."

"The doctor's complaint," said Dr. Burgess, "has to do, not primarily with the quality of nursing service, but with its distribution. His chief

trouble, and it is a serious one, is that he can never be sure of getting a properly qualified nurse when his patient needs one." She read quotations from doctors showing their need for a better distributing mechanism and pointed out that the distribution of private-duty nursing today is largely controlled by hospital registries¹ which take the responsibility rather casually, and pay very little attention to its efficient administration.

San Francisco is not the only city which is having the opportunity, this summer, of hearing these two reports from the Grading Committee. The committee felt that it was important for Dr. Burgess to visit the western coast, and gain some understanding of western problems at the outset of the committee's work. Her itinerary for May and June has included the following meetings:

The Illinois State Hospital Association at Chicago.

The Tri-State Hospital Association at Kansas City.

The Western Hospital Association at Los Angeles.

The National League of Nursing Education at San Francisco.

The Northwestern Division of the American Nurses' Association at Portland.

The Washington State Nurses' Association at Aberdeen.

In addition Dr. Burgess' plans include brief visits in Seattle and Spokane.

¹For Dr. Burgess' diagram on this point, see this issue of the *Journal*.

She reports that as she has visited these different cities and met with the different organizations, certain impressions have begun to stand out clearly. First, is the almost overwhelming cordiality of nurses everywhere towards the work of the Grading Committee. They have shown in every possible way their eagerness to cooperate, and their realization of the importance of the studies which are being made.

Among the hospital and medical groups there is also marked friendliness, mixed with some degree of astonishment. For most of the hospital and medical audiences, the reports Dr. Burgess is now making awaken apparently the first realization that the Grading Committee is actively at work. There has not yet been sufficient emphasis upon the fact that the Grading Committee is officially sponsored and financially supported, not only by the nursing organizations, but by the medical, hospital and public health organizations as well. This concept of a great officially cooperative movement needs to be fostered.

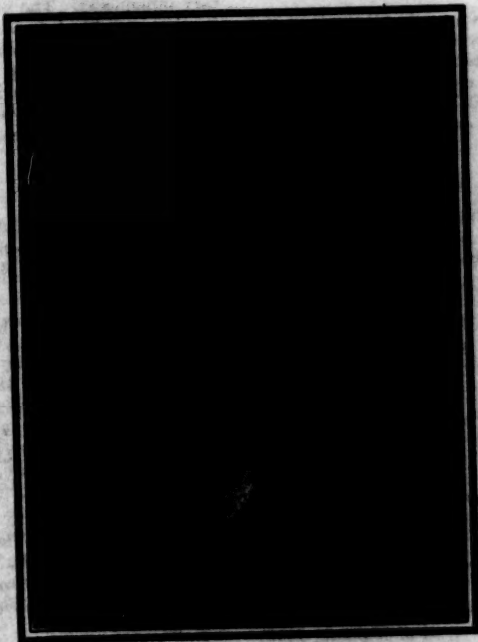
The third impression arising out of this western pilgrimage is that the doctors, a few of whom are in every audience, are almost uniformly surprised at what they learn, eager for more, interested in the plans of the committee, and generous in their offers of cooperation.

AN ANNOUNCEMENT

With this issue of the American Journal of Nursing, the printing is transferred to the Rumford Press, Concord, N. H.

The editorial and business offices remain, as before, at 570 Seventh Avenue, New York, and 19 West Main St., Rochester, N. Y.

Who's Who in the Nursing World



LXXII. ALICE SHEPARD GILMAN, R.N.

Miss Gilman is one of the courageous people who are sometimes misunderstood, but who are willing to suffer misunderstanding for the sake of the principles in which they believe. A zealous and a tireless worker, as Secretary of the New York State Board of Nurse Examiners, for five arduous years, she has consistently upheld the banner of constructive inspection of schools of nursing.

In addition to the rare combination of qualities which go to make up a forceful personality of unusual charm, Miss Gilman took to her difficult task an interesting background of experience in private duty and in small and large hospitals. Supplementing the training received at the Jackson Sani-

tarium Training School for Nurses, Danville, N. Y., with postgraduate work in Bellevue and at Teachers College, Miss Gilman had been head nurse in Bellevue and at the American Hospital in Paris; Principal of the Rochester General Hospital School of Nursing, Rochester, N. Y.; Director of Instruction at Bellevue; Principal of the School at the Samaritan Hospital, Troy, N. Y. She has built up a highly efficient method for handling the tremendous volume of work involved in the annual registration of almost 25,000 nurses.

Miss Gilman is very active in the New York State Association, of which she has been President; she was, for seven years, a department editor of the *Journal*.

Questions

The editors welcome questions and will endeavor to secure authoritative answers for them.

19. Does feeble-mindedness come only from syphilis?

Answer.—The National Committee for Mental Hygiene answers as follows:

"According to statistics, syphilis plays a minor rôle in the etiology of mental deficiency. Probably 50 per cent of mental deficiency is due to a defect in the cells of the

germ plasm (commonly referred to as hereditary influences). The next of importance as to the etiological factors, is birth trauma, such as instrumental delivery and protracted labor, early infections and toxemia. Of course syphilis would be included in the infections but, as stated above, it is responsible for a very small percentage of cases.

Our Contributors

It is safe to say that few doctors have given so much thought to nursing problems as has Dr. Nathan B. Van Eken, for he is Chairman of the American Medical Association's Committee on Nursing and also of the Committee of the New York State Medical Association. His is a sincere effort to see all sides of the problem and to divorce it from emotionalism.

J. Beatrice Bowman, Superintendent of the Navy Nurse Corps, is justly proud of the constructive work of Mary Bethel, R.N., who is largely responsible for the success of the theoretical work of the Pharmacists' Mater's School. Much credit is due, too, to Emily Smaling, Principal Chief Nurse, who has made possible careful follow-up work on the wards.

Katherine Good Amerson, R.N., Johns Hopkins Hospital School of Nursing, 1919, extends the most cordial invitation to nurses to visit Trudeau and see for themselves the work done by the D. Ogden Mills Training School for Nurses, of which she is Superintendent.

It would be difficult to find a group of more friendly folk than the state secretaries whose pictures we present this month. The state offices are essentially friendly places as the article by Miss Van Ness clearly shows—good places to go to in time of trouble or when in need of advice. Elise Van Ness, Publicity Secretary of the American Nurses' Association, wrote the story for us.

Paris seems to have put an Hourly Nursing Service into effect almost as soon as did Chicago. It will be interesting to watch it grow in cities so unlike. Studies of the time required for various types of nursing service are destined to play an increasingly important part in the thinking of both hospital and nursing school administrators. We are indebted to Chelley Wasserberg,

R.N., Supervisor of Maternity Nursing at Johns Hopkins Hospital, Ethel Northam, R.N., and A. Isabel Byrne, R.N., for the studies presented.

For years Jessie L. Stevenson, R.N., Supervisor of the work with crippled children for the Chicago Visiting Nurse Association, which grew out of the dreadful poliomyelitis, has studied the needs and developed programs of orthopedic nursing. Few, if any, nurses speak with such authority on the significance of posture, for few have had such opportunities for observation.

The History of Nursing, vivid though it is, is yet incomplete. The Society described by Hedy Flack, R.N., B.S., will doubtless add many an interesting figure to the glowing tapestry. Miss Flack is one of California's enthusiastic adopted daughters. Her major interests, obstetrics and pediatrics, have now merged into the whole field of public health nursing.

Carrie M. Hall, R.N., recently re-elected President of the National League of Nursing Education, gives a glimpse of its recent history in Now and Then.

Dr. Manfred Call is Dean of the School of Medicine and Professor of Clinical Medicine in the Medical College of Virginia, Richmond. Furthermore, he has shown extraordinary interest in the development of nursing education and has been most helpful with constructive suggestions.

Dr. Park J. White, M.D., is instructor in Clinical Pediatrics in the School of Medicine and Lecturer in the School of Nursing, Washington University, St. Louis.

Marjorie Moore, R.N., a graduate of the New York Hospital, holds the position of Assistant Superintendent of Nurses, St. Louis Children's Hospital and is Instructor in Pediatric Nursing in the School of Nursing.

Department of Nursing Education

LAURA R. LOGAN, R.N., *Department Editor*

Now and Then¹

A Presidential Address 1927

BY CARRIE M. HALL, R.N.

I COUNT it a rare privilege to respond in behalf of the National League of Nursing Education to the welcome which has been so cordially given this evening by Miss Urch for the nurses of California. Before these words had been spoken, we had already sensed the warmth of your greetings through the perfection of arrangements manifested on every hand for our personal comfort, our entertainment, and the carrying out of the details of the work for this, our thirty-third annual meeting.

To you, the nurses of California, and especially of the State League, may I convey the grateful appreciation of the parent body for the sincerity of your greetings and your zealous hospitality.

This is the second convention to be held in your beautiful city at which I, personally, have been privileged to be present. Your great State of California with its wonderful trees and mountains and glaciers, its beautiful rivers and cañons and bays, its profusion of flowers and fruit, and the cordiality and enthusiasm of its citizens has remained vividly in my memory and stimulated the desire to return. It is, therefore, with considerable satisfaction that I find myself once more sojourning in this lovely city of San Francisco.

It seems appropriate to recall the circumstances of that convention, held in 1915. We were meeting then in conjunction with the American Nurses' Association and the National Organisation for Public Health Nursing. The American Hospital Association was also in session here during the same week. But greater than all, the Panama-Pacific International Exposition was being held, so that these combined attractions conspired to bring a great concourse of nurses to the Pacific Coast. We shall miss the thrill which comes with the presence of a throng, in a great joint convention. We are, however, anticipating with much pleasure the inspiration which comes through the more intimate relations of the smaller group which will characterize the sessions we are opening this evening.

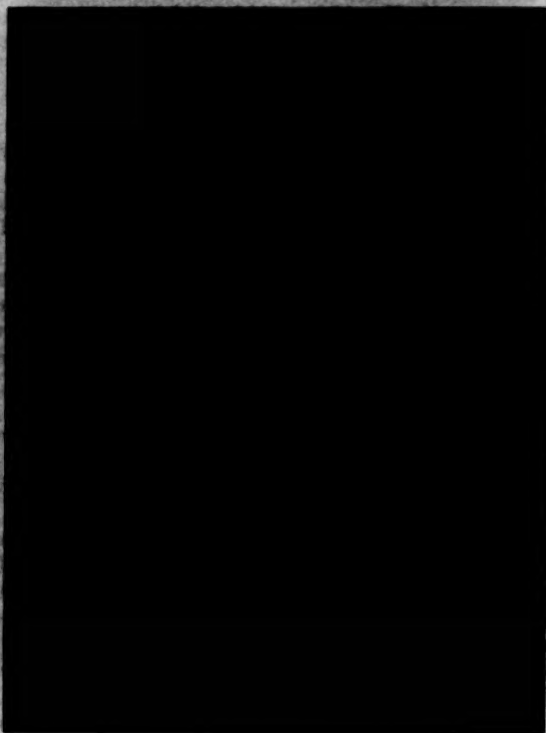
In 1915, the whole country was under the shadow of the great catastrophe which was taking place in Europe. Many of our women had already journeyed abroad to render nursing service under whatever auspices might be open to them. Since that time, we have met the emergency of war. We have mustered our nursing strength by the thousands, for service both at home and abroad, in a way which nurses had never before in the history of the world been called upon to do. The Atlantic and the Pacific, the North and the South, were brought together with one

¹ Read at the opening session of the National League of Nursing Education, San Francisco, June 6, 1927.

purpose and of one accord. Every man became a "Yank" whether from Maine or from Georgia, from California or Minnesota, it mattered not. And nurses, as well, responded from every corner of the country. Your

sheltering the ten thousand beds which composed the five hospitals in that area. One can only fully appreciate that picture who has seen it.

That emergency was met, but not without some casualties. It is fitting



ANNE A. WILLIAMSON, R.N.

President of the California State Nurses' Association and so representing all California nurses, hostesses to the League

representative chosen to welcome us this evening, Miss Urech, is no stranger to me. She, with nearly a hundred nurses from Chicago, was my near neighbor for many months, within the British lines of communication, in an area surrounded on three sides by hills not unlike your brown hills of Alameda County, only that from the tops one looked down upon a sea of canvas

that we pause tonight to pay our tribute to that group of women who faced the incidents of war with indomitable courage, with the will to accept whatever might come, and with the spirit of giving the best possible service. They gave their lives for their country as truly as did any soldier. That incomparable woman, Jane A. Delano, loved by all Red Cross nurses, may

truly be said to have died in service. By their sacrifices in time of need, a more glorified interpretation of our profession has been given to the world.

But the natural passage of time has also brought many changes in our ranks and we note with sorrow the passing of forty of our members since the 1915 meetings.

One cannot take time to enumerate them all, but outstanding among those who contributed to the success of those meetings were Sophia F. Palmer, founder and editor of the *American Journal of Nursing*; Mary W. McKechnie, then treasurer of the League; Lila Pickhart of California; A. Lauder Sutherland; and Mary E. P. Davis, that pioneer nurse who, at 75 years of age, journeyed here to attend the convention only to be stricken with pneumonia. She recovered and returned to her home and died a few years later. We count ourselves fortunate in having been permitted professional association with these women and in having inherited from them something of their inspiration and, we hope, a little of their vision.

In 1915, League membership was nearly 500 and the development of State Leagues was just getting under way. There were thirteen, and ten had been organized within the previous year. At that time, the Standard Curriculum, prepared by the Education Committee, was approaching completion. The School of Nursing of the University of Minnesota had been organized as a department of the University and there were six other nursing schools with university affiliations. The eight-hour law for student nurses in California had been in effect about a year and a half. Only eleven states of the United States had given to women the right to vote, and during our convention the League endorsed

the Susan B. Anthony Amendment to the Federal Constitution which provided that "The right of the citizens of the United States to vote shall not be denied or abridged by the United States or by any State, because of sex."

In the dozen years intervening, the League has undergone reorganization. It now has over 2,300 members, 28 state leagues and many local leagues. The Standard Curriculum has been published, republished, outgrown, revised, and the new edition of the Curriculum of the National League was off the press in January of this year. Over fifty colleges and universities are now reported as participating in programs for undergraduate work in nursing. The provisions of the eight-hour law have been adapted to the schools of nursing in California and you and the rest of the world have doubtless forgotten how you came by that law. Suffrage has become universal. Young women entering our schools today look puzzled when told that some of our early nursing leaders were active suffragists. In another generation it will have been forgotten that there was a time when women could not vote.

These are only a few of the high lights in a comparison of now and then.

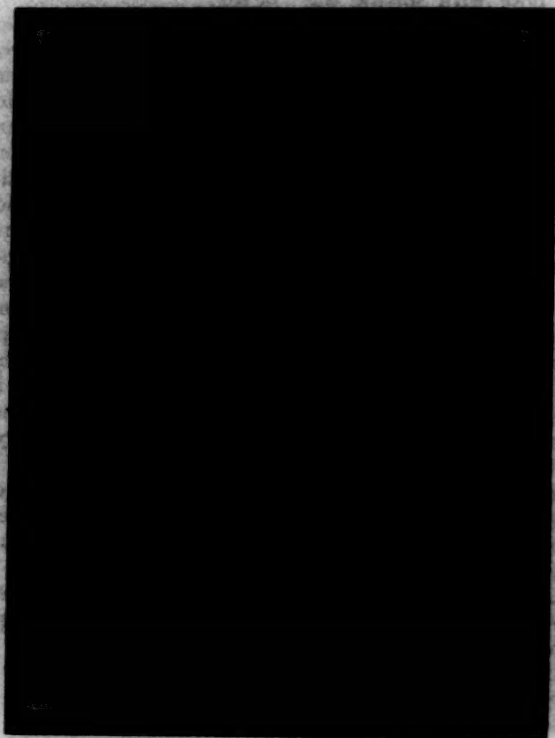
During this period, National Nursing Headquarters has become a reality.

In 1919, the Red Cross Nursing Service established a Placement Bureau in New York in order to bridge the gap between war service and return to peace-time occupations to help the nurse to find the job and the job to find the nurse. Out of that effort came our National Headquarters. It was on the Pacific Coast at Seattle in 1922, and under the leadership of Miss Jammé, that the League took the step of appointing a full-time

executive secretary to conduct our operations at Headquarters. It was a bold step, for the treasury was low and that secretary's salary could be guaranteed only for a few months.

The money has come; increased

It has been stated repeatedly that many League members in the West, especially those on the Pacific Coast, feel a long distance away from Headquarters and from contact with the work of our organization. Head-



ANNA C. JAMES, R.N.

Chairman of the Arrangements Committee which produced perfect results

membership and the annual sales of calendars have produced sufficient revenue to finance, frugally, legitimate organization expenses, our headquarters office, and some of the more pressing committee needs. At present, it would be almost impossible to conduct the routine affairs of the League without the machinery Headquarters provides.

quarters is really only a clearing house for the work which is being done all over the country by state and local Leagues and individual members. Such meetings as these provide the annual opportunity for coming closer together in discussion of our common problems.

Responding to an expressed wish on the part of members, and in an

effort to bring Headquarters nearer in spirit, the National League has this year begun in a very small way the publication of a bulletin. Some of you have already seen this, although it has gone out only twice, as yet—a modest mimeographed sheet. It carries, in popular tabloid form, the latest doings of the League membership. Judging from responses received at Headquarters and requests for it, it is already becoming a popular issue.

For many years the League has edited the Department of Nursing Education in the *American Journal of Nursing*. The space which can be allotted is scarcely sufficient for discussion of all the problems confronting a group whose schools have over 75,000 students enrolled. There seems to be a wish on the part of some of our members that the League might have its own educational journal. The *Bulletin* may prove to be the seed for future growth.

Many questions which come to League Headquarters relate to the organization of university schools of nursing. It is not uncommon to receive a request to send a representative to survey a given situation and make recommendations. This, at present, Headquarters is not equipped to do, but the frequency of the demands points toward the need of a definite policy in that direction. In the meantime, the Committee on University Relations is assembling data on existing schools and securing information from educators in other fields which will be of great help in determining the powers, organization and status which university schools of nursing should possess. Several new university contacts have been made during the year, both for graduate and undergraduate work in nursing.

We congratulate the nurses of California upon the important de-

velopment in nursing education which was consummated when the California Legislature passed a bill creating a Foundation in Nursing Education in the University of California. It seems like a masterly stroke to have been able to divert the accumulations of nurses' registration fees from the general purposes of a state treasury to the special purpose of teaching and administration in schools of nursing and related subjects in a great state university. Nurses in many states have witnessed, reluctantly, the passing into the general coffers of the state, of thousands of dollars paid in registration fees, over and above the cost of operating the registration bureau. May the legislators in other states be inspired by the example of California!

The transfer of the holdings of the Illinois Training School in Chicago, amounting to \$500,000, for the establishment of an independent school of nursing at the University of Chicago, is an outstanding event of this year. This course will lead to the Bachelor of Science degree. Incidentally, it marks the passing of the Illinois School which has been the alma mater of many outstanding women and around which cluster the names of many who have been and are leaders in our profession, from Isabel Hampton Robb and Isabel McIsaac to Laura Logan.

The University of Oregon has this year created a five-year course in nursing which leads to the Bachelor of Science degree and prepares the student for nurse registration. This is an especially interesting development, in that nursing education is placed in the School of Sociology. It is unique also in that an extension nurse educator in the University will help the hospitals concerned in the plan to raise their standards of education to University requirements.

The Vanderbilt University School

of Nursing in Tennessee, began to function as a part of university operations in September, 1926.

The Virginia Graduate Nurses' Association has raised and presented to the University of Virginia, an endowment of \$50,000 for a chair of nursing.

Summer courses for graduate nurses in universities are being given successfully in all parts of the country. At Teachers College, Columbia University, New York, the pioneer in this work, eighteen courses were offered last year covering administration, teaching, and supervision in nursing schools, and public health nursing. Three summer courses were offered in California last year, one in Florida, one in Tennessee, others at the University of Chicago, the University of Cincinnati, the University of Michigan, the University of Washington, in Seattle, and the latest addition to the list for this year is at Simmons College in Boston, where an enrollment of forty-eight is already assured.

At the convention in Minneapolis in 1925 a committee was created to study the question of the need of the study of Midwifery by nurses in postgraduate courses.

From the rural districts, especially in the West and South, come reports of inadequate medical care of maternity cases. In the absence of a physician, public health nurses are often forced to render such assistance as they are able without having had sufficient preparation and without license to deliver maternity cases. Many women are asking where such preparation can be secured. There is no course in this country, we believe, which prepares nurses for midwifery. England offers such courses and a few nurses have gone to London to secure this preparation.

The committee, which is a joint committee of the League and the

National Organization for Public Health Nursing, has held several meetings and a very well attended round table last year at Atlantic City. With the sanction of the two Boards of Directors, a communication has been addressed to the American Medical Association, asking for its cooperation in the study of this problem. Our committee now waits on action by that body.

The Education Committee having completed this year the revision of the curriculum, has turned its attention to an investigation of the duties, qualifications and preparation of the educational staff of schools of nursing, and will discuss its findings at an open session.

There appears to be a very real demand for a thorough and cumulative indexing of nursing literature. This need has been keenly felt by all those who are doing nurse teaching, either in graduate or undergraduate courses, and by those who must have recourse to published material on any given subject. Nowhere is this need more urgently felt than at Headquarters, since nurses and others all over the country are approaching Headquarters for authentic information. An independent committee has been studying this matter, and in January, 1926, your Board of Directors created a committee including those interested persons. In addition to League members, several librarians, and a representative of the Surgeon General's Library in Washington have conferred on this topic.

It is recommended that an index of current periodical nursing literature should be prepared and published monthly, and that it should be cumulated quarterly.

Letters were sent out to ascertain how many annual subscriptions at \$3 might be secured to help to finance

the project; 312 were secured—not enough to warrant the undertaking. The plan will have to be modified, but our organization is indeed indebted to Miss Casamajor of the library of the National Health Council and others for their very valuable coöperation.

For a long time, the cherished project of the League was a plan for grading schools of nursing. That has now passed beyond the control of this organization and has become an independent committee representing not nursing interests alone, but the point of view of educators, of the employers of nurses, and the medical profession.

The committee's interpretation of the scope of its functions is so broad and all inclusive that the mere grading of schools, as previously conceived, seems to be almost lost sight of. But if one follows the publications of the committee, one must be reassured concerning the ultimate end of the committee's work. The committee is now in the "midst of a gigantic inquiry into the truth about the nursing shortage" in ten states. The director of study will give us an edifying picture made from the returns from the Supply and Demand Study now coming in by the thousands.

The method of financing the study is of interest to all. To date, it may be safely said that the nurses of the country have borne about fifty per cent of the expense. We need to get behind that Grading Committee with all the financial strength we have, and to that end the Boards of Directors of our three national nursing organizations have created a committee to bring the matter before every nursing organization and every nurse in the country.

But the American Medical Association, apparently not content with its

participation in the Grading Committee program, has elected to make its own study of nurses and nursing. With the wonderful resources afforded by its great headquarters organization, it has turned the spotlight of investigation upon us. As a profession we have nothing to hide, and so turn our faces toward that light with expectancy. Its findings are full of interest and doubtless illuminating to both professions. It is not at all unlikely that this study may be the means of promoting much more sympathetic understanding of the problems of nurse preparation by our medical brothers.

As greater breadth and variety of service have been demanded of us, we have grown to be one of the great social agencies of the age. Evidence is given in the tables of the *Journal of the American Medical Association*, that in twenty-five years, more than 300,000 nurses have been registered under the laws of 48 states and the District of Columbia. There are more than 76,000 student nurses in about 2,000 schools, and more than 17,000 graduating annually. But the average total enrollment in schools of nursing of 36.6 per cent students tells the story of the duplication of effort by the members of this organization more graphically than any words could do, and is the one great reason why a committee on Problems of Education in Nursing Schools Connected with Small Hospitals is indicated. The chairman of this committee will conduct a conference on this topic.

Since the chairman of the Publications Committee is our Headquarters Secretary we are prone to forget that the work of that committee is not just a Headquarters activity. Through that committee must pass the editing of such volumes as the annual reports,

the curriculum, selection of reprints, and most important, perhaps, of all—the preparation of the annual calendar. Your coöperation in the sale of that calendar, in the last analysis makes Headquarters possible.

In addition to the probings of the medical profession, our group is the recipient of offers from interested lay associations wishing to become helpful to us financially, socially, and in other ways.

The Harmon Association for the Advancement of Nursing is one of these. It is concerned with the care of nurses at retirement age. Such provision is needed. No one knows it better than nurses, themselves. The Harmon plan is a deferred annuity, based on group insurance, and presupposes the participation in it of the employers of nurses as well as nurses, themselves. Each individual will have to determine whether this plan offers her more than she can secure through other life insurance companies or other forms of systematic savings. A campaign to stimulate nurses to engage in some kind of systematic savings very early in their professional careers is indicated. The details of the Harmon plan and the findings of the committee appointed to study it have been reported and published in the June issue of the *American Journal of Nursing*.

It is a rare convention which has

no amendments to by-laws under discussion, but this is such a one. No organization nor any country can function without laws. A constitution and by-laws provide the instrument for conducting the affairs of an organization and represent what civil law is for the community. These are adopted by majority vote after due notice to the membership. Two years ago, revision was completed which provided for membership through state leagues. Several states have completed organization and others are working toward it. Efforts should continue and increase until each state is so organized or until, by vote of the majority, some other form of organization is adopted.

It has been pointed out by the Grading Committee that the efforts of nursing organizations for many years have been directed toward improving the quality of the nurses graduated from our schools. All these official undertakings of your organization bear either directly or indirectly upon this purpose.

May the deliberations of this convention be so successful and far-reaching in their results that the product of our schools may be continuously improved. And may the resulting nursing service, wherever needed, in all parts of the world, and the care of the sick under all conditions be safeguarded.

On Nursing Education¹

BY MANFRED CALL, M.D.

IN presenting to this institute some impressions on nursing education, I cannot, perhaps, say anything that will be of particular interest

¹Read at the opening session of Virginia's first institute on nursing education, Dec., 1926.

to our distinguished visitors who are recognised leaders in the field of nursing education. My statements are based, not so much on my experience as a lecturer to nurses on the practice of medicine, as on my experience as a

teacher of medical students, and on the analogy to be drawn between two forms of professional education, the one preparing for the practice of medicine and the other for the nursing field.

I am profoundly interested in the purposes of nursing education and in the products of our training schools. Every new field of professional contact I have formed has served to increase to my mind the dignity and to emphasize the responsibility of this profession that has far outstripped all other professions in the rapid extension of its activities to meet the insistent demand for its services in institutional, educational, public health and private nursing as well as hospital administration, the demand coming from the individual, the city, the county, the state, and the national government.

To meet adequately this demand for a most varied type of service, requiring in many instances a highly specialized training, the as yet hardly organized forces of nursing education have been subjected to undue strain.

This stress is plainly indicated by the action of the National League of Nursing Education in appointing, on April 14, 1925, a committee on the grading of nursing schools, first, to conduct studies of the fundamental facts and factors determining an efficient nursing education, and second, to formulate and apply tentative standards for the grading and classification of nursing schools. Dr. William Darrach, Dean of Medicine, Columbia University, and a representative of the American Medical Association, is the chairman of this committee.

Early in its deliberations, according to a partial report made this year, the committee was impressed with the necessity for a coöperative effort in considering these facts of nursing

education. A striking feature of his report was the large group he found concerned with the movement, making it necessary to give them representation on his committee. These groups include the following: The American Nurses' Association, the National League of Nursing Education, the National Organization for Public Health Nursing, the American Medical Association, the American College of Surgeons, the American Public Health Association, three outstanding authorities in general education and one statistician of national prominence.

The committee estimates that the expenditures of \$150,000 and five years of time will be required to ascertain:

1. What the public should have in the way of nursing service.
2. The various kinds of training required to meet that need.
3. How, at present, the opportunities for acquiring that knowledge, skill and education, meet the need.

That the medical profession is not oriented to the situation in nursing education is suggested by the following quotation from the above report:

In spite of statements made by many physicians to the contrary, I still believe there is an educational side to the nurse's training.

This unfortunate attitude of the medical profession to nursing education may be partly explained by the fact that we are not far distant in time from the days of the proprietary training school, when the exploitation of the pupil nurse was a commercial asset to the institution, and both pupil nurse and graduate from such a school were a never-failing source of eulogistic praise for the favorite surgeon whose private hospital housed the undergraduates whom his fame among the profession and laity had

brought to his school for matriculation.

Even today, nursing is too incidental a thing to many a physician, surgeon, obstetrician, and to many nurses also, to incite in the members of the medical profession any special interest in the training of a nurse, so long as their patients are looked after in the way to which this profession has been accustomed since the trained nurse was first graduated.

The evolution of nursing education has wrought a tremendous change, but this change has been brought about chiefly by the farseeing leaders of the nursing profession, despite the opposition of an appreciable number of the medical profession.

In this connection we should bear in mind a point stressed by Dr. Hugh Cabot, the then President of the American Association of Medical Colleges, that the chief effort of the practitioner of the past was directed to the cure rather than to the prevention of disease, and only in the immediate past, has consideration been given in pre-medical and medical training to the subjects of sociology, economics, psychology and philosophy.

A most serious difficulty in the clinical work of our medical schools is the necessary dependence on a large staff of volunteer teachers and clinicians whose primary interest lies in the development of their own practice and the support of their own private hospitals, rather than an impelling interest in their teaching positions primarily from the educational point of view. Many of these men are the leaders in their profession but they never had and they never will have the teaching point of view until the faculties themselves become interested along educational lines.

A similar difficulty exists in many training schools, especially those di-

vorced from teaching hospitals, in the large part taken by volunteer teachers of the fundamental subjects and the enormous overload where the full-time instructors have the burdens of administrative hospital duties in addition to their educational function.

Such men, placed on the controlling boards of training schools, unless they get the larger vision, will not be of material assistance in a solution of the increasingly complex educational problems.

I am especially anxious to see aroused in the graduate nurses of this state, in the directors, instructors, supervisors and the members of the controlling boards of the training schools in our own city, and the state of Virginia, an intelligent and sympathetic interest in a critical study of nursing education.

It is the responsibility of each training school to survey impartially its educational status at the present time and the direction of its drift in the immediate future; to ascertain the part it is playing and the part it should play in this great movement; to realize that the importance of its function is to be measured, not solely by its group or local importance, and that a hospital conducting a training school has an educational responsibility to its student body and to the nursing profession which is just as important and real as is its professional care of the sick or the efficient administration of its business affairs.

So far as the situation in Richmond is concerned, I believe we have a unique opportunity for an educational effort in nursing that may eventuate in a real contribution to professional education.

Here is located a medical institution in the eighty-ninth year of its existence, rich in its traditions and past

accomplishments and keenly alive to its responsibilities and opportunities. It has recently coördinated its School of Nursing with its schools of Medicine, Dentistry and Pharmacy. Miss Reits, Dean of the School of Nursing, is on the same level as the Deans of Medicine, Dentistry and Pharmacy. These, with the Medical Director of the college hospitals, the Treasurer of the College, and the President, constitute the Council on Administration and meet weekly for the discussion of all administrative matters, policies, the needs and development of the constituent schools.

An asset of unquestioned value in this combination is the fact that for some years the educational features of these allied professions have been the subject of constant consideration by the heads of these coördinated schools, and now departmentally all are on a university basis, with three teaching hospitals, a large out-patient department, and representation on the boards and executive committees of various local eleemosynary institutions.

Realizing the importance of an expert educational guidance, the Board of Visitors of the Medical College of Virginia elected and installed, some fifteen months ago, as President of the combined institution, the former Secretary of the State Board of Education in Virginia, one in every way qualified for such leadership, Dr. W. T. Sanger, Ph.D., of Clarke University.

With a teaching faculty of 167 members, 31 of whom are on a full-time basis and 20 on a part-time basis, representing degrees from various universities, other than the professional degree, the content of the courses can be more carefully studied and the methods of presentation made to conform more closely to the newer educational methods.

The possibilities of this latest venture appealed so strongly to the writer and the Director of the Stuart Circle Hospital Training School, a local private institution, that the college authorities were approached with a view to giving the preliminary course of sixteen weeks to the nurses from that school. The arrangement has been carried into effect, and the cost has been adjusted on a teaching-hour basis.

It is hoped that this experiment will be so productive of good that all the training schools in the city will enter into a similar arrangement.

The benefits to accrue to the affiliated school should be:

1. A more adequately developed and conducted preliminary instruction, by a stable faculty group, under the leadership of a trained educator, sponsored by the department heads of an essentially teaching institution.
2. The release for a more intensive ward supervision and follow-up of the instructors of the affiliated school, due to a reduced teaching load in the preliminary subjects.
3. A broadened viewpoint of these preliminary students which must come from participation with students from other institutions, in adequately equipped laboratories, suitable classrooms, and a good library.
4. Exposure of these students to an environment where the same type of educational work is being undertaken in medicine, dentistry and pharmacy.

On the part of the college should come:

1. A continuing development of an increasingly efficient teaching faculty for the School of Nursing.
2. A recognition by the medical, dental and pharmacy faculties and their undergraduate student bodies that the training of a nurse is a distinct and specific educational endeavor.
3. With an increased sense of responsibility by the college for this fourth or nurse faculty will come a more intelligent and sympathetic interest in the problems of nursing education.
4. With the establishment of a community

of interest between competing institutions and a united effort for a common purpose, other and larger problems may be solved.

5. The opportunity to evolve various levels of nursing training.

6. The development of an efficient method for the individual study of the student, that the superior student may be recognized early

and given the opportunities commensurate with her ability.

7. That from our definite place in the state's educational system, an infiltration into the high and secondary schools may lead to a better prepared preliminary class, analogous to the relation that exists between medical and pre-medical training.

Teaching Pediatrics to Nurses¹

A Medical Lecturer's Point of View

BY PARK J. WHITE, M.D.

EVERY conscientious teacher must concern himself with whom he shall teach and what he shall teach them. He must have a working knowledge of his students' absorptive capacities, their cerebral metabolic rate, so to speak, as well as of his subject's absorbability—its intellectual caloric value. When I start work with a new class of nurses, I generally give them a guarded prognosis. I confidently assure them that some of them will make atrocious replies to questions at examination time, perhaps informing me, as one student did, that at one year a baby should weigh sixty pounds, or that a newly-born baby in a convulsion should have a gag thrust between its teeth. With equal safety, I assure them that many will show by their answers a real mastery of the fundamentals of pediatrics, a knowledge which is bound to help in the recovery of the children in their charge.

Now, is there any way for an instructor to estimate the teachability of nurses, besides the therapeutic test of trying to teach them? Naturally, one turns to their past records for an answer. How well have they done in school? How much schooling have

they had? In the case of the older students, what have they done before taking up nursing?

In an admittedly short experience in teaching pediatrics to nurses, I have learned a few things about the relation between previous education and ability to learn pediatrics, for I have had the opportunity to compare the work of three different groups to whom the same courses of lectures and the same examination questions were given. School A requires four years of high school for admission. Under the present Missouri Law, all nurses must have completed one year of high school or its equivalent; but at the time of these lectures and examinations the students from the other two schools had had from none to four years of high school work. It would be interesting to correlate with previous training, work done in other departments. The tables opposite indicate the results in the pediatrics course.

These figures speak for themselves in favor of the higher educational entrance requirements. The significance of the statistics of School C are somewhat lessened by the smallness of the group.

This table shows merely what we should expect, that as a rule, students

¹ Read at the annual meeting of the Missouri League of Nursing Education, St. Louis, 1927.

TABLE I

Grade in pediatrics	School A (4-yr. high school)		School B (Av. 2.20 years high school)		School C (Av. 2.9 years high school)	
	No. students	Per cent	No. students	Per cent	No. students	Per cent
90-100	19	35.8	3	16.6	5	62.5
80-89	16	30.1	7	38.8	1	12.5
70-79	14	24.5	5	27.7	1	12.5
60-69	2	3.7	3	16.6	1	12.5
00-59	2	3.7	0		0	
Total	53		18		8	

TABLE II

School A

Grade in pediatrics	In highest $\frac{1}{2}$ class in superiority of high school work		In middle $\frac{1}{2}$ class in high school		In lowest $\frac{1}{2}$ class in high school	
	No. students	Per cent	No. students	Per cent	No. students	Per cent
90-100	10	52.6	9	47.4	0	0
80-89	10	52.6	5	31.2	1	6.2
70-79	4	28.5	10	71.4	0	0
60-69	1	50.0	0	0	1	50.0
00-59	0		2	100.0	0	0

TABLE III

School B

Grade in pediatrics	No.	Av. no. yrs. in high school
90-100	3	3.66
80-89	7	2.00
70-79	5	2.15
60-69	3	1.00

TABLE IV

School C

Grade in pediatrics	No.	Av. no. yrs. in high school
90-100	5	2.5
80-89	1	4.0
70-79	1	4.0
60-69	1	1.0

doing superior work in high school did superior work in the pediatrics course; and students doing mediocre work in high school, did not have their mediocrity transformed by the pediatrics course. It must be admitted that

these figures indicate many exceptions to expected performances.

With regard to previous high school training, Table III runs about as expected, the better students having spent longer in high school. Table

IV decidedly does not (though it includes only eight students) except that the one student who did badly had had but one year of high school.

In considering what constitutes the proper requirements for admission to a school of nursing, we must freely admit that some students may do badly and lack interest in high school work, that others may be deprived of the full four years of high school, and still be capable of writing good examination papers in pediatrics. But in panorama, we cannot help seeing that the best work in pediatrics, and I rather think, in other courses in the school, is done by those who have been best prepared.

The "practical" mind may inquire, do we want a nurse to write a good examination paper in pediatrics, or do we want her to take good care of sick children? This is the argument of those who say, "Teach them too much, and they're no good in the wards." In discussion with those who direct the practical ward work of the nurses in different hospitals, I find them unanimously of the opinion that the students who do best in the classroom, do best at the bedside.

The Pediatrics Course

"**H**OW much pediatrics shall we teach the nurses?" is a difficult question to answer. The relation between ward work and classroom work, between pediatrics and the legion of other subjects in which nurses must be instructed to meet their duties after graduation, constitutes a problem which can be solved only by a process of evolution and experience.

The lecture course given at one of the schools of nursing consists of fourteen hours—hours which move all too fast for the lecturer, if not for the students. In this case, the lecturer realizes that he ought to be quite un-

necessary, that with a thorough understanding of her textbooks, with painstaking observation of her patients, and with careful training in practical work, a really good student might be able to get on without listening to a pediatrician for fourteen hours. The same observation might apply to medical students. But unfortunately, we must be mindful of the mediocre, those who sit in semi-darkness, if haply we may stimulate them to more active interest. The lecturer should function as a gadfly, citing vivid examples, dire mistakes, brilliant achievements. If his remarks make real and comprehensible some of the more important paragraphs in books, some of the cases in the wards, he has not lectured in vain.

The outline of this lecture course is as follows (and in reading it, bear in mind that every attempt is made to avoid duplication of statistics and instruction given in the textbook; and that in all instances, the practical aspects of nursing management are entirely left to the nurse instructors and to those in charge of the wards). Illustrative cases from the wards are always presented.

I. Diseases of the newly-born.

Infant mortality.
Prematurity.
Asphyxia.
Hemorrhage. (Emphasis on intracranial.)
Icterus.
Ophthalmia.
Mastitis.
Pyogenic infection.
Tetanus.
Birth paralyses.
Umbilical granuloma.

II. Malformations.

Harelip. Cleft palate.
Pyloric stenosis.
Congenital heart disease.
Hydrocephalus.
Spina bifida.
Club-foot and other orthopedic deformities.
"Birth-marks."

- III. Development of the normal infant.
 - Care and hygiene.
 - Important figures to learn.
 - Sunlight, room temperature, clothing.
 - Habits, good and bad.
 - Real criteria of progress.
- IV. Digestion.
 - Stools.
 - Food constituents.
- V. Breast feeding.
 - Advantages and contra-indications.
 - Signs of hunger.
 - Signs of overfeeding.
 - Complementary feeding.
 - Wet-nursing.
 - Weaning.
- VI. Artificial feeding of normal infant.
 - Comparison of cows' milk and human milk.
 - Figuring formulas for sweet milk.
 - Bulgarian milk formulas.
 - Later diets.
- VII. Constipation.
 - The diarrheas and their etiology.
 - Treatment of diarrheas in various stages.
 - Athrepsia.
- VIII. Scurvy.
 - Rickets.
 - Tetany.
- IX. Development and nutrition of older children.
 - Constipation.
 - Nervous children. Tics. Enuresis.
 - Orthostatism.
 - Speech defects.
- X. Stomatitis.
 - Thrush.
 - Vincent's Angina.
 - Intestinal parasites.
 - Rectal prolapse.
 - Intussusception.
- XI. Rhinitis.
 - Otitis.
 - Laryngitis.
 - Foreign bodies.
 - Bronchitis.
 - Pneumonia.
 - Pleurisy and empyema.
- XII. Nephritis.
 - Pyelocystitis.
 - Diabetes.
 - Eczema.
- XIII. The arthritides.
 - Chorea.
 - Epilepsy.
- XIV. Mental deficiency.
 - Deaf-mutism.
 - Cretinism.
 - The idiocies.
 - Adolescence.
 - Goiter.
 - Hypopituitarism.

A short written examination is given after the lectures on infant feeding, and a "final" examination at the end of the course. It is fairly clear that simple questions permitting only short answers furnish most information about what a nurse knows or doesn't know. The best papers are most likely to be neat, and the spelling at least fair, as might be expected of students whose work is consistently good. Occasionally, however, accurate thought is found expressed in mutilated language.

From the lecturer's point of view, the endeavor to cram all of pediatrics into a class in fourteen lectures is a sort of intellectual gavage which must inevitably result in some regurgitation. It goes without saying that reference books should be kept on hand for the minority who feel moved to consult them.

The answer of the practicing pediatrician to the question, "How much pediatrics shall we teach the nurses?" is, of course, "As much as possible." He wants his patients, as he would his own children, in the care of nurses who can do their work intelligently and with a real understanding of what the doctor is about. It is true that tact and kindness in a pediatric nurse go farther than a knowledge of hydrogenations and electrocardiographs, but the former we cannot teach, and the latter we need not teach. By steering a middle course we can avoid the mistake of over-emphasis of "pure science," and yet equip our nurses with the pediatric knowledge they will need in private duty, in ward work, or in the field of public health.

Teaching Pediatrics in Schools of Nursing¹

BY MARJORIE MOORE, R.N.

THE whole problem of teaching pediatrics in schools of nursing is a satisfactory adjustment of the theoretical instruction with the practical work on the wards. The lecture course given by a pediatricist, closely correlated with classroom instruction in principles of nursing and with class demonstrations in the practical care, feeding and treatment of the infant and child, enables the student to begin her practical work in the care of children, theoretically equipped for the actual daily tasks she is called upon to do. When supervised by the same nurse instructing in the classroom, this knowledge can be broadened by bedside clinics and nursing theory of diet and disease.

One often hears the criticism that our brightest students theoretically, often do the poorest ward work. In choosing at random thirty-six students I find the following results:

6 students receiving A in theory				received A in practical work on ward			
2	"	"	A	"	"	"	B
15	"	"	B	"	"	"	B
4	"	"	B	"	"	"	A
1	"	"	B	"	"	"	C
5	"	"	C	"	"	"	C
3	"	"	C	"	"	"	B

The lack of experience in hospitals is usually in the care of the normal child. It is not to be expected that a nurse can intelligently minister to the sick child without some knowledge of the normal child. The average time allotted to practice in pediatrics does not include time for correlation with a dispensary where, under able instruction much valuable experience might be given in the well-baby clinics, thus

increasing the student's interest in and understanding of children.

To give the student sufficient practice so that it will be possible for her to take her place in any field requiring a knowledge of child health, the service must be sufficiently active to enable her to study various types of disease of infancy and childhood. The field for this instruction is found in the special children's hospitals or the children's wards of our large general hospitals.

The grouping of cases depends largely on the number and space devoted to the different departments. In one of the large children's hospitals, the children are grouped as follows:

In the medical department, all medical cases of children from two to sixteen years.

In the surgical department, all surgical and orthopedic cases from two to sixteen years.

In the infant department, all babies, medi-

cal, surgical, and orthopedic, from birth to two years of age.

In the medical department the student has ample opportunity to bring into practice her knowledge of medical nursing. Here we have many of the same diseases met in nursing the adult, but with the child as patient. The student must understand the importance of nursing technic and the various treatments modified for the child. Case study will serve well as a means of correlation. Through her

¹ Read at the annual meeting of the Missouri League of Nursing Education, St. Louis, 1927.

study of the case, the student develops an intelligent interest in the child as a sick individual. She finds a keen interest in the cardiac and nervous case which we so often have heard her term uninteresting. The student's preparation is not complete without practical experience in serving diets. She must be taught the correlation of diet with disease, what to serve and how to serve it, the amounts to serve at the various ages and how to induce the sick child to eat.

Because of the length of time the surgical child must spend in the hospital for convalescence, this department is of particular importance to teach the student something of child psychology and the importance of amusement for the convalescent. Directed play contributes largely to successful convalescence and becomes an important part of ward instruction and supervision. Orthopedics is particularly a part of child life requiring more skill and more nursing than any department of surgery. Many of the surgical cases—fractures, accidents of all kinds, plastic surgery—the student handled while nursing the adult. They take on a new phase, however, when nursing care is combined with the study of the child.

Experience in the care of the infant is of primary importance to the nurse. The basic knowledge obtained in the classroom should be the guide for the practice in this department. The service should include a study of the various intestinal diseases, respiratory infections, and infections of the ear, nose and throat. In no other department of nursing have we the same opportunity to develop in the student the ability to apply knowledge. Because of the helplessness of her patient, she is invariably called upon to apply her knowledge quickly and carefully. She is entirely dependent on her own

powers of accurate observation. The study of case records will increase the student's interest in the diseases of infancy, give her an understanding of the use of the various treatments and develop a greater keenness of observation.

With the infant, we naturally associate its feeding. Methods of feeding the malformed and the normal infant must be taught. Much stress is given to artificial feeding in the classroom. A knowledge of milk and milk mixtures is of great importance to the nurse. It is during her infant training that experience in the milk laboratory will be of greatest value to the student; under supervision of the nurse instructor she should be given the opportunity to make up the various kinds of infant feedings, correlating laboratory technic and class instruction with the actual feeding of the infant on the ward. Unless she has had this instruction, can we criticize the graduate who hesitates to undertake a case that requires a knowledge of infant feeding.

The instructor, as she moves about the hospital supervising her students at their work, is free to study the new discoveries constantly taking place and to talk over with the physician the consequent changes in treatment with a view to enriching her knowledge and enlarging her understanding that she may be ready to answer the questions daily arising in the work of her students.

It is not the number of days a student spends in a certain department that counts for her training, however active the service may be, but the kind of supervision and teaching she receives while in that service. Let us remember that the greatest teaching takes place at the bedside, that the supervisor functions through the head nurse who, after all, has the greatest

influence over the student. Therefore the head nurse must be chosen wisely, she must have a desire and ability to teach. The student quickly recognizes this ability of the head nurse to teach and the interest she takes in the student's education.

It has been my experience that the majority of students bring to their work with children a strong incentive and an eagerness to learn. The right influence in the wards should create the spirit of service and self-forgetfulness which is such an asset in all nursing and almost indispensable in the nursing of children.

When the student has completed the course, she should not feel that all is at an end, but that stretching before her are unlimited possibilities in which she has been given the privilege to contribute to child health.



Seven-Foot Beds

EVERY division (they do not speak of wards) of the Strong Memorial Hospital, Rochester, N. Y., is equipped with one seven-foot bed, and the men's divisions are so equipped throughout.



The Boston Floating Hospital Boat Destroyed by Fire

HUNDREDS of nurses who have had postgraduate experience with the Boston Floating Hospital will bear with great regret of the loss by fire of the beautiful boat which housed the institution. Fortunately no lives were lost. The insurance is insufficient to replace the boat which had been fitted for its purpose, but it is hoped that sick children may be cared for temporarily, perhaps on a

smaller boat. The trustees are appealing for the sum of \$200,000 for building up the work once more. Contributions began coming in, the morning after the fire which occurred early in June.



Crime Prevention and Protection

THE theory upon which I work as a policewoman in New York City which, being a large, cosmopolitan community, has most of the problems that you will find in your own community, is that **CANER IS A DISEASE!** Do you wonder that I hail you, of the nursing profession, as one of my strongest aids in preventing crime and curing those afflicted with that terrible malady which, unless checked, destroys human life so ruthlessly?

If every policewoman were a nurse and every judge a physician, our prison population would be small indeed and crime would be less, for then a person would not go to jail for a term, returning to society afterwards to repeat his offense; he would be sent to a hospital, instead, to be cured or, if it were found that he was incurable, given custodial care continually, so that he could not again menace society.

Aside from the mentally sick "criminals," we have another class of offenders—those who are sick physically and whose deeds are the direct result of this cause. Some of my most difficult girl cases have been solved by attending to the physical needs of the subject. So here again is an instance in which medical knowledge and skill help to prevent and cure crime.

There is one important matter in which each one of you can assist materially in helping the policewoman's cause of crime prevention and protection without departing from your own particular specialty, and that is by advocating and practicing, whenever the occasion permits, the foot-printing of babies at birth and the fingerprinting of all persons, as a means of personal identification.

MARY E. HAMILTON,

*Director of the Women's Bureau of the
New York Police Department.*

Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*

Director, Nursing Service, American Red Cross

Course of Study—American Red Cross Nursing Service

THE outline given below for study of American Red Cross Nursing Service was prepared for use in schools of nursing or groups of nurses. This has already been found useful as a means of interesting and preparing senior classes for enrollment. Never has the importance of this step been more clearly indicated. The constant demand for nurses in the disaster field, especially for the younger and more vigorous ones, has brought home to our Local Committees on Nursing Service with great force the importance of keeping a constant stream of younger graduates flowing into the service. The history and function of the American Red Cross as an organization should be understood by all citizens, for it belongs to all, while the history, function, and responsibilities of the Nursing Service should be familiar to nurses, for into that service they, only, are admitted. It is a serious service, therefore, warranting preparation before application for membership is made. We hope, therefore, that Directors of Schools of Nursing will place this outline at the disposition of their Senior classes in order that they may get in line for enrollment and service.

I. ORGANIZATION AND COMMITTEES

- (a) Origin of the Red Cross idea: Florence Nightingale, Clara Barton.
Organization of the American Red Cross in 1898.
The work of the Red Cross through Auxiliary No. 3 in the Spanish-American War.
- (b) Reorganization of the American Red Cross, 1905.
Affiliation of the American Red Cross

with the National Nursing Association.

Development of the Nursing Service.
Relation of the Red Cross Nursing Service to the Army Nurse Corps.

- (c) The National Committee on Red Cross Nursing Service.
The state and local committees on Red Cross Nursing Service—origin, function and achievement.
The Red Cross nurse in disaster.
(References for Sections (a) and (b)—
"History of American Red Cross Nursing," pages 1-67, also A. R. C. 703.)
(Reference for Section (c)—"History of Red Cross Nursing," pages 129-138, 229-230. Also A. R. C. 710.)

II. WORLD WAR

- (a) The nurse in war.
The Mercy Ship and units of nurses.
Relation of the Nursing Service to the American Army.
Organization of nursing personnel for Base hospitals, hospital units, etc.
Mexican border service.
- (b) The nurse with the American Expeditionary Forces in Great Britain, France, Italy and northern Russia, and with the French Service de Sante. Service with the Navy in the United States and in foreign stations.
- (c) The American Red Cross nurse with the civilian population of Europe and elsewhere—France, Italy, Roumania, Poland, Palestine, Siberia and Balkan States.
(Reference for Section (a)—"History of American Red Cross Nursing," pages 139, 310.)
(Reference for Section (b)—"History of American Red Cross Nursing," pages 387, 683.)
(Reference for Section (c)—"History of American Red Cross Nursing," pages 756, 1077.)

Present Situation in Flooded Area

THE extension of the Mississippi floods with its terrifying and devastating consequences has brought to the American Red Cross a task of

such magnitude that its resources in organization, personnel, finances, etc., have been taxed to the utmost. In addition to calling upon the local committees for nurses in the states affected, because of the probable increased demand it seemed necessary, during the latter part of May, to call upon the committees in Ohio, Indiana, Georgia, Florida and Alabama, asking that nurses be approached on a tentative basis. With great promptness they replied that the contact had been made and that many were ready. As many hours of hard work are involved in making these connections it might seem, if none of the nurses were called out, that it was "love's labor lost." Not so, from the National Director's point of view, for it is most reassuring to those in the field to know that a reserve is ready in case it is needed. It also demonstrates to our committees that they are of practical use, and to the nurses who are enrolled in their territory that they may be asked to volunteer for service at almost any time. In other words, it is a demonstration of the practicability and efficiency of the organization. That some will feel disappointed not to be used, after being called upon to pledge their readiness, is inevitable. What is "one person's loss is usually another's gain"; i.e., if no more nurses are needed, a betterment in conditions in the flooded area is indicated.

Miss Fox, in a letter of May 25, 1927, expresses her appreciation of the committees in the following words:

I can't begin to tell you what it has meant to us to have the support and help of the committees. They have been simply corking. In a few places, the supply of nurses has been small—but with these few exceptions, the committee officers have met every request and have been right on the job. We certainly appreciate what it means to have such a mechanism ready for immediate response. To be sure, we have drawn a small number of

nurses direct—but only a few, and for specific undertakings. In the main, we have depended on the committees and they have certainly come up to scratch. I cannot praise them too highly. What is more, they have sent very good nurses, so far as I can learn. We have had remarkably few problems due to unwise selections and that is saying a good deal, when you stop to consider that we have now had over 200 nurses on duty.

Although our Chapters and individual members of the Headquarters staff had been active in the affected territory for some weeks prior to April 20, it was not until that date that the central office was opened at Memphis. On May 25 this office was moved to New Orleans overnight, a point now closer to the present flood crisis, a special train, provided by the Illinois Central, moving the entire staff with their equipment and files. In other words, the relief staff closed its desks in Memphis in the evening and opened them the next morning in New Orleans.

At that time, 200 nurses were on duty—80 in Louisiana, about one-third Red Cross public health nurses, the remainder with private duty and institutional experience. At the same time that the number of nurses in the camps in Arkansas and Mississippi was diminishing, the number required for the follow-up program in these states was increasing; twenty public health nurses were being placed in Arkansas in twenty-six counties for a thirty-day period, as well as twelve in Missouri, to seven flooded counties.

Between three and four hundred thousand refugees were receiving Red Cross assistance, food, clothing and shelter—not to mention domestic animals by the thousands. In one place, alone, a refugee camp for 100,000 hens had been established, another for 30,000 hogs and another for 10,000 mules. This situation, because of the extent of the territory, exists elsewhere.

The fund, on the same date, had reached well over \$14,000,000—a seemingly large amount—but small in proportion to the size of the disaster. The whole-hearted response of individuals, great corporations, the Government Departments—War, Navy, Agriculture and Commerce—combined under the leadership of the Red Cross, with unceasing devotion have labored week after week to mitigate the suffering of those unfortunate victims of this stupendous, natural catastrophe. The results gained by this type of economical and efficient coöperation is impressively significant of what coöordinated and centralized organization, moved by a common impulse, may accomplish.

Recognition by French Government to a Red Cross Nurse

MARY C. NELSON, Field Advisory Nurse for the New Jersey Tuberculosis League, was recently decorated by the French Government through the French Consul General in New York with the *Medaille de Reconnaissance Française* in recognition of her services as an American Red Cross nurse in France during the World War. Miss Nelson worked with the civilian population, first under the auspices of the Rockefeller Foundation Tuberculosis Commission, and later with the American Red Cross, in charge of a sanitarium for tuberculous children at Dinard and later at Toulouse doing prenatal and child welfare work.

Enrollments Annulled

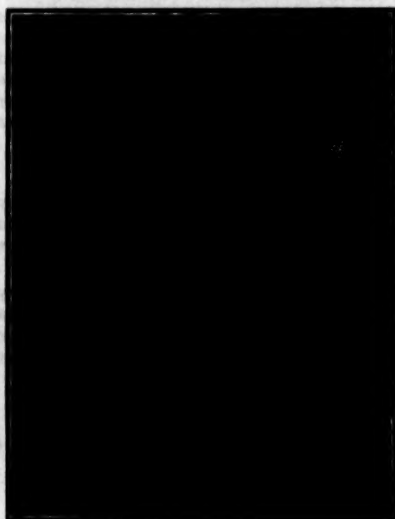
THE enrollment of the following American Red Cross nurses has been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters and their return is requested when enrollment is

annulled: Mrs. Walter E. Anderson (nee Frances Doyle), Adaline L. Cox, Mabel Rice, Lillian L. Rose, Mrs. H. F. Saliger (nee Anne Kathryne Jones), Louise G. Satterlee, Jean Scott, Mrs. Lura Ann Sheehan (nee Gow), Elizabeth B. Shiplet, Mrs. Miriam Madge Sorum (nee Perkins), Annie K. Sutton, Elizabeth M. Tait, Elizabeth C. Taylor, Marie Irene Van Zandt, Elizabeth Walton, Gladys M. Wyatt, Florence Rebecca Young and Mrs. Henry Zingre (nee Estella Maud McGill).



Where Is That Bell?

THE device for holding a bell or other calling apparatus is so simple that it is astonishing that it has not been worked out before this. The strap is adjustable and can as



readily be fastened about a chair arm or a patient's wrist if desired, as about a bed post. The new building at St. Mark's Hospital (New York) is equipped throughout with this inexpensive little convenience.

Ethical Problems

The Editor and the Committee on Ethical Standards will be glad to consider other solutions than those offered each month to the ethical problems submitted for discussion. They will welcome additional problems.

Problem X

WHAT should a superintendent do when she is asked to make a graduating address to a group of students who have probably been exploited for three long years in a hospital recognised and registered, but whose work leaves much to be desired? Should she say frankly that she would rather not lend her influence, feeble though it may be, to the recognition of such a place or should she go, trusting that in a twenty-minute speech she may undo some of the things the students have been learning?

Answer.—The speaker cannot say what she thinks, at such a time, under such conditions. The message prepared sometimes returns to the speaker without seepage having taken place in the audience. The soul of the speaker is sorrowful at the beginning and is leaden when she has finished. It would seem justifiable not to accept such an invitation, as the interpretation of her presence, by the public, would be that the school is approved by her and by those she represents in the nursing profession. It is doubtful whether the students would be benefited by her address.

Problem XI

WHAT shall be expected of private duty nurses who have not had training in clinical or psychiatric work when calls come for such cases?

Answer.—It would seem that the registry has a duty, as well as the nurse, when such a call comes. When joining the registry, the nurse states definitely what kind of service

she is prepared to give. If clinical or psychiatric work is not included in her list, the registry should be careful not to call her for those cases, even though she is registered for duty.

Problem XII

WHAT shall be done to secure appointments for the older nurses on the registry?

Answer.—Up to a point where a nurse is either physically or mentally unfit, should she not be careful to keep up her interest, her technic and her efficiency? Is it a question, then, of placing the older woman, or of placing the one who has failed to keep abreast with the times? The woman who has failed to progress will have to take whatever can be offered her; she should not expect anything else.

Problem XIII

IF hospitals discharge outside graduates when they enter with patients, in order to place their own graduates on cases, how can we expect nurses to "go where needed?"

Answer.—The practice of discharging outside graduates when they enter with patients, in order that their own graduates may be on cases, is a very poor plan for hospitals to follow. Many administrators have the idea that it takes too much time and effort to teach special nurses from the outside how they wish patients cared for and where to find equipment. With good organisation, the needs of the special nurse should be met in a courteous fashion and friends made for the institution.



THE term "Recreation Director" is misleading. Any director who is a director, rather than a leader, has no place in recreation.

Because leaders must first and last have absolute control over their groups, some of them think that directing is necessary to show the group that they are in charge. The finest control possible is that in which no real control is evident, and in which the leader has created so fine and alive an atmosphere that the question of control does not exist.—By EDNA GEISTER, in "Ice-breakers and the Ice-breaker Herself."

Student Nurses' Page

The Education of a Nurse from a Student's Point of View¹

BY CLELLAH GRANT

Mary Lanning Hospital, Hastings, Nebraska

SOME one has said, "Anyone may launch a boat, but few indeed can keep it afloat." I am thinking of the eager applicant for nurse's training who has met all demands as to education, health and morals, who has been accepted and given her share of the work necessary for carrying on a portion of an institution. She comes with one big idea, that she is to care for the sick, and she has little foundation for any ideas she may hold as to the course of instruction or the detailed nature of the work. This new field is a little world in itself which seems to be made up of a miscellaneous collection of doctors, nurses, supervisors, ambulance men, maids, engineers, and what not. Hospital rules and etiquette seem, at first, to restrict liberty and restrain initiative.

At first, the newness attracts her, but later the time seems long, the work arduous, unpleasant; matters become humdrum. For many, the saving thought is that they will hold on and graduate.

The fine ambitious coöperative spirit which possessed the student on entering should be encouraged and preserved through the educational facilities of the school and a splendid type of nurse in character, life and general attainment should be the result.

The question is often asked: "Does

the modern system of nursing education produce good nurses?" The aim of modern nursing education, we read, is to prepare students to give efficient care to the sick in the community and the hospitals and to furnish a foundation upon which to build additional experience for responsible positions in the fields of administration, teaching and public health work. In order to accomplish this end it is necessary that the course provide for theoretical and practical work.

But the chief purpose of the great education of life is to produce a well-balanced, fully developed mind, to bring every power to its best, to draw out the highest faculties and yet to leave no part entirely uncared for. This last purpose cannot be realized, even in part, unless there is also provision for physical, cultural, and spiritual training. In theory, these are provided; in practice, they are often neglected, especially the cultural phase.

In my mind, the theoretical and practical training should be thorough, if we as nurses are to be expected to form wise judgments, consider serious subjects and reach reasonable conclusions. To secure the best results and reap the greatest gain from these phases of training, arrangements must be made to avoid monotony and conflicts. Too often, it seems necessary, in order to reach the classroom on time, to hurry from ward duty and

¹Abridged, from a paper read before the Nebraska State Nurses' Association, October, 1926.

likewise we must hurry from classroom back to our floors, to hurry through more work, in order to get to class again on time. With eight or nine hours of tiresome floor duty, very unlike any work the young nurse has done before, it seems not unnatural that she lack enthusiasm and energy for proper study.

It would be an advantage to devote more time, the first year, to intensive study and less to practical work. . . . Outside of the surgical department which may be considered a specialty, we see the same array of lights, we give the same treatments, and render the same general service, the last year of training, that we do the first. Routine work that restricts initiative, resourcefulness, and independence, will thwart the nurse's purpose, make her unhappy, and not widen her horizon.

If the course is to cover three years, I think provision should be made enabling the student to select some phase of the work as a major with opportunity to specialize during part of the third year. When students in other fields of study finish the prescribed course, they do not feel that they must do some work corresponding with private duty or take a post-graduate course. Why should a nurse? We are forced to be specialists by the necessities of our work. We must have the theoretical and practical foundation, but there is a danger imminent to all, of neglecting the larger and richer life during training.

Intellect, in itself, will not ennoble life, the power of reason without development of the higher feeling, will not, and since human nature is social, there certainly is room in the curriculum and need of placing emphasis on the human and social side of a nurse's work. The mind needs open space and light all around it, to grow in fulness.

A lack of culture always hampers a person in some direction and keeps her from the wide appeal to all classes of society and limits her equipment. In our busy days, we continue to cultivate our practical thinking powers and often forget that there is a world of outside interests, a world of art or poetry or religion. What is it that art, music and literature do for us? They recreate our wearied, humdrum lives. They carry us off into a new field, beautiful, perhaps humorous, or tragic, or noble, or heroic, and return us refreshed that we may look upon our work with eyes undulled by strenuous work. It seems easy for a nurse to retrograde morally and spiritually while in training, in spite of all government and safeguards, for there must be some avenue of expression and at the close of day students are most likely to plunge into some sort of social activity, whether wholesome or otherwise. How important it is then for the school to be the guiding influence of some regular, pleasing social features.

It would not be inappropriate to devote at least thirty minutes, once a week, to some phase of enlightenment not connected directly with nursing. A class or club, required of all, continuing through the year, providing miscellaneous entertainment and instruction, could well be organized. Let this consist of current-event discussions, book reports, picture study, music, moral and religious talks, etc. This system might be carried out by making each nurse responsible for conducting the class or for providing some one to do so.

One cannot defend a wrong by comparing it with other wrongs. Neither can we defend defects in our training schools by pointing out that conditions are better than they have been in the past.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

Homes for Aged Nurses

AS one of the older nurses I have been intensely interested in the letters appearing in this department concerning a home for nurses. I would like to hear from any who would be interested in the establishment of such a home, near Chicago.

Illinois

E. G. S.

[Any letters sent to the Rochester office of the *Journal* for E. G. S. (Open Forum) will be forwarded to the writer.]

Call for Missionary Nurses

SO many nurses have heard the message given by Gladys Stephenson, Chairman of the Program Committee for the International Council of Nurses, that we thought some nurses might be interested in a missionary call received by the Guild of St. Barnabas for Nurses. The Protestant Episcopal Church needs, at once, three nurses for Alaska, two for the Hudson Stuck Memorial Hospital at Fort Yukon, and one for the General Hospital at Wrangell. These openings give a splendid opportunity for service to churchwomen who have been successful in their previous work and want to tackle a hard job. There is also need for two nurses at St. Luke's Hospital, Manila, Philippine Islands. In Alaska the nurses go for three years; in the Philippines, the tenure of service is four years. In both instances the salaries provide suitable living, and full traveling expenses are paid to the field. Those wishing full particulars should apply to Rev. A. B. Parson, 281 Fourth Avenue, New York City.

GUILD OF ST. BARNABAS FOR NURSES

Journals Wanted

EDUCATIONAL DIRECTOR, Philadelphia General Hospital, Philadelphia, Pa., wishes copies of the *Journal* for December, 1900; January, May, October, November, December, 1902; and January, August, September, December, 1903. Will pay \$1 for the December, 1900, *Journal*, and 25 cents apiece for the others.

Out of the Mail Bag

ARELIEF Fund nurse writes: "Upon your kind suggestion, Miss — of Maryland is now sending me her copies of the *American Journal of Nursing*. I want to tell you how much I appreciate her thoughtfulness and how I am going to enjoy reading the *Journal* once more. I haven't had the opportunity to see a copy for a long time. The first number came yesterday and it at once gave me new courage and inspiration. It is splendid."

[If you would like to pass on your *Journal* each month, write to the *American Journal of Nursing*, 19 West Main Street, Rochester, N. Y., and say so. Ed.]

"Inclosed is my check for \$3, supposed to pay for the *Journal*, but it really doesn't. My thanks and appreciation go with it for all the *Journal* means to me."

New Jersey.

M. E. E.

"I don't suppose it should be so, but the *Journal* is of more importance to me than the daily paper."

Massachusetts.

L. H.

"I have enjoyed the *Journal* very much and especially this summer while convalescing from an operation. Now that I will soon be going back to work I shall still need it."

Iowa.

A. M. E.

"While writing I have the opportunity to express my pleasure in this month's issue of the *Journal*—it is so brimming full of interest, and brings back to me with more appreciation than ever, my pleasurable week spent at Atlantic City, as a delegate from this section of our country."

N. C.

D. E. W.

"I certainly do enjoy the *Journal* and consider it essential to my professional interests. As I try to influence my students to form the habit of noting each copy of the *Journal*, I'm pleased to so often find articles directly of value to them. We discuss the *Journal* at our monthly association meetings very frequently."

Tennessee.

H. L. G.

The Thirty-Third Convention of the National League of Nursing Education

FOLLOWING the warm-hearted greeting by D. Dean Ureh, president of the Northern Branch of the California League of Nursing Education, Mrs. Ernest J. Mott, member of the Board of Education of the City of San Francisco, gave a brief inspirational address, in which she made the plea that leaders in the great professions should not become immersed in the engrossing details of their own groups, but should keep in touch with the broader life about them. Adult education, she said, is the modern term for keeping on growing; for being interested in human problems, and acknowledging some responsibility for the problems in fields other than one's own.

"Thinking," said she, quoting Glen Frank, "thinking is a great adventure in fact finding," and she made that adventure a call for all of us.

Mrs. Mott was followed by William John Cooper, director of the Department of Education of the State of California. Dr. Cooper discussed the part which personnel plays in an educational movement, with special emphasis upon the contribution which doctors and nurses have made to the education of the child. He traced the gradual development in educational philosophy from the early concept of reverence for things of the spirit, but scorn for things of the flesh, to the modern teaching that the healthy soul and the healthy mind are, in large measure, dependent upon the healthy body.

Dr. Cooper emphasized the important contribution of the modern school nurse, and suggested that the directors of public education have a real concern in the system of nursing education from which the public school nurse is drawn. "Basic nursing education must be sound," said Dr. Cooper, "if the product of that education is to be entrusted with the tremendous responsibility of the health and health thinking of the child."

The meeting closed with an inspiring panorama of progress by the president of the National League of Nursing Education, Carrie M. Hall. Miss Hall's paper, in its entirety, is published in another section of this issue.

Probably there is no more important subject before the nursing profession at this time than the topic chosen for one of the evening sessions—"The Organization of Community Interest for Nursing Education."

Charles D. Lockwood, M.D., attending surgeon of the Pasadena Hospital, Pasadena, presented a thought-provoking paper on this subject. The outline of Dr. Lockwood's argument, if lifted from its setting of explanation and comment, runs about as follows:

Health is one of the most important of our national assets; and the securing of health is, therefore, an essential public concern. We already have a considerable body of scientific knowledge which, if intelligently and fully applied, would greatly reduce sickness and prolong human life. Yet this very process of applying the knowledge which we have, depends upon the education of the public; and that education rests largely in the hands of the two great bodies of health teachers—doctors and nurses.

The lack of public support and understanding works a hardship upon the student nurse whose education is frequently sacrificed to the financial or administrative needs of the hospital; upon the hospital itself, because the conduct of a good nursing school is a difficult and unreasonably expensive project; and ultimately upon the patient who, at the very time when it is most difficult for him to do so, is obliged to pay not only the cost of his own nursing care, but the additional cost of the student nurse's education. Moreover, as medical knowledge grows, the demands upon the nursing school for more experienced and educated nurses increases. "More public help is needed," says Dr. Lockwood, "for the rapidly expanding program of nursing education."

The first step towards securing this help is to bring about a better understanding between the nursing profession and the public; and as means towards this end Dr. Lockwood suggested—training school committees with lay members, the enlistment of the public in community health activities, round table discussions participated in by doctors, nurses, and laymen, and—more rarely—legislation.

"The proper education of nurses," said Dr. Lockwood, "is of far more public concern than the education of lawyers, artists, or musicians, and provision should be made in our public school system, in our state universities and professional schools, for courses suitable to the needs of the nursing profession."

Mrs. William Palmer Lucas begged nurses to forget the old-time professional restrictions that have led it to hide behind a wall of

sensitiveness, hurt pride, and misunderstanding, to come out of their seclusion and to mingle more freely with other groups, both lay and professional.

Isabel M. Stewart, in an able paper, said that "undoubtedly a good many of our differences would settle themselves if they were brought out into the light of free discussion, with the public serving as umpire or referee." Miss Stewart believes that the profession should systematically search out those people who exist in every community who have not found their way into nursing schools but who have a natural aptitude for and sympathy with the educational and social movement which we call nursing. She suggests that such people be encouraged to develop an interest or hobby in nursing and thus, under the leadership of the profession itself, help to change the tone of that powerful but intangible thing which we call public opinion.

Work of the Committee on Education

THIS committee, on the completion of the Herculean task of revising the Standard Curriculum, was completely reorganized and another stupendous task begun—stupendous when it is recalled that it is undertaken by volunteer workers—that of analyzing the actual duties, qualifications, and preparation of the educational staffs of nursing schools. The work is still in its early stages, but the reports of the sub-committees constituted one full session. Isabel M. Stewart, chairman of the committee, presided. None of the chairmen of the sub-committees which have already done considerable research, could be present to give a report in person. First of these was the report by Effie J. Taylor, on the duties and qualifications of superintendents of nurses, assistants, and night superintendents. Studies were made in thirteen schools, of diaries carefully kept by those who participated in the study. The average hours on duty for this group is fifty-four and one-half a week, and they average eight and one-half hours on duty after 7 o'clock in the evening. Over two hours daily was spent in clerical work; conferences loomed large in reports of "Activities Relating to the Staff of the School." One-eighth of the time of these people is spent in activities relating to teaching. Other points which were checked are: Personal Conferences with Students; Activities Relating to the Alumnae of the School; Ward Rounds and Ward Activities; Conferences with Doctors and with Superintendents of Hospitals; Activities Relating to Professional Organizations; Supervision in

Nurses' Residence; Other Housekeeping Activities; Special Nurses and Ward Employees.

The work of the instructors was compiled from studies made by Stella Goostray and her committee. Since only forty-seven reported, the results may not be valid for the whole group of those who teach, but are an interesting beginning. Thirty-two of this number hold degrees and nineteen had been teachers before entering nursing. The scale of salaries shows a median of \$140 per month with maintenance, and there is not much evidence that salaries are generally increased for length of service. The satisfactions reported came from contacts with students. Among the difficulties reported were long hours reported by eighteen. The general trend of the questionnaire, however, indicates that instructors are working under fair conditions. The median for the number of subjects taught, fifty-eight, seems to indicate that some of the instructors are carrying a far too varied load. The characteristics of the successful instructor, according to the superintendents, are that she is conscientious in her duties, thinks clearly, is loyal to the school, is accurate in statements of fact, neat in personal appearance, accurate in records, has her class work well organized, is conservative in dress, has definite ideas of what she wants to accomplish, and maintains a good relation with the class in the schoolroom.

Mary Marvin and her sub-committee began their study of supervisors and head nurses, with the names of seventy-six supervisors and ninety-two head nurses in various parts of the country. This study, like the others, is not conclusive, since the numbers studied were not large, but they do indicate that the supervisors studied have remained in their positions for three years; and the head nurses, one and one-half years,—a better showing than was expected. Salaries for supervisors average \$113; and for head nurses, \$94 a month. The average time on duty is fifty-three hours per week, and more than this, according to the report, should not be expected if preparation for teaching must be done off duty. It is significant that one-third of the group stated that they had not or could not depend on a sufficient number of nurses to give adequate care to patients. One point which was startling to listeners was that nearly one-half do not know when their students are to be changed, and many deplored the lack of time for proper teaching of students, for helping a student to be a nurse, and teaching the patient to get well and keep well, are the chief functions of the whole professional program.

The Sub-committee on Dispensary Nursing, of which Amelia E. Grant is secretary, is hoping to undertake, in the near future, a demonstration of dispensary nursing in one of the New York hospitals. This is greatly needed, as the work is known to be unstandardized at present. The committee believes that the out-patient nurse should have some training in public health or social service work and that much more should be done to work out a program for student experience and to give attention to the methods of securing educational values for the students.

Committee on Education

GRACE WATSON, in an interesting paper, discussed the problem of Factors Influencing the Supply and Tenure of Service of Instructors in Nursing Schools. She reported that there seems to be a shortage of instructors and a relatively high turnover. The demand for teachers is increasing. In the schools studied there has been an average increase of one instructor, per school, per year, over a period of five years.

Constructive measures suggested for securing a better supply of instructors and a longer tenure of service were:

- More time for adequate preparation for class.
- A better balance of salary between those who have had preparation and those who have not.
- Better living conditions and more opportunities for social life for instructors within the nurses' home.
- Less isolation of the instructor.
- Giving instructors places on the faculty.
- Granting scholarships for teaching preparation, outright, not as loans.
- Appreciation of the instructor's work by the principal of the school.
- Appreciation of the value of her own work by the instructor.

Miss Watson commented: "The status of the instructor cannot be considered apart from the status of education in our schools. It is in reality determined by the status of the school, itself, in relation to educational institutions, and it will be improved when the status of nursing as a whole is lifted up."

Extra-curricular activities, according to Shirley C. Titus, tend to:

- 1. Contribute to girls' normal mental and physical development.
- 2. Help her master certain processes or mechanisms which make it possible for her to take her place in life more effectually as, for example, in teaching self-assurance.

- 3. Teach her practical citizenship.
- 4. Build ethical character and promote a spiritual outlook on life.

New Type of Examination Questions

ONE of the very interesting programs of the Instructors' Section was that on New Type Examination Questions. Interest in the subject had been stimulated by the article by Miss Muse in the May number of the *American Journal of Nursing*. Mary Brooks Eyre concluded her paper which opened the discussion by saying that either type should have the joint effect of spurring the student to greater effort, and the instructor, to further improvement in teaching methods.

Cordelia Cowan believes it to be a self-evident fact that examinations should be objective instead of subjective and that the short answer of the new-type examination makes for greater reliability than the old type. She urged participation by nurse instructors in further study of the new-type questions in the hope of making a contribution to both general and nursing education.

Ethel Bacon presented an excellent analysis of specific types of short-type questions. This, like the other studies, was based on a series of questionnaires. The advantages were summed up as follows:

- 1. More ground covered in less time.
- 2. Good for drill work in all subjects.
- 3. Clearer, more concise, calling for definite answers.
- 4. Objective marking fairer for the student.
- 5. Educational—providing a method of student check-up.
- 6. Gives the instructor a helpful insight into students' abilities.
- 7. Stimulates the teacher to better methods of teaching.

This type of question is being fairly extensively used in many schools and discussion brought out the fact that it is being used by a number of state boards.

The papers on examinations were followed by one by Sarah G. White, of California, on "Methods and Devices for Securing Student Participation in the Learning Process." Miss White plunged into the newer thinking on her subject and discussed the use of posters, the value of participation in plays, such as "Florence Nightingale," opportunity to do some teaching, compilation of bibliographies, as in the Professional Problems courses, field trips or excursions, and demonstration cards in Materia Medica. Student participation always means more work for the instructor,

said Miss White, and requires an interested and alert instructor.

Conference on Teaching of Ethics

AN hour and a half of animated discussion indicated a real interest and a desire to acquire more light on the subject. The most strongly emphasized note was the importance of respecting the personality of the student. The subject matter of the course discussed covers a wide range. The difference between ethics and etiquette and between general and professional ethics are generally stressed. The favored methods of teaching seem to be case study, individual conference, and informal class discussion.

Teaching Obstetrical Nursing

THE conference on the teaching of obstetrical nursing included a number of stimulating and practical suggestions.

Mildred Newton of the Pasadena Hospital made the interesting point that "the head of an obstetrical department has one teaching advantage which some medical and surgical supervisors may not have; that is, that it is she who, almost always, has the class work in her own subject." It is possible for her to guide the student through the three stages of preparatory study, ward experience, and the final care of the patient. She is, therefore, in an unusually good position to ensure the best possible combination of theory and application.

Miss Newton also stressed the value of the department manual as a teaching guide on the obstetrical ward. Such a manual aids in securing uniform practice on the part of graduate, general-duty, and special nurses; and not infrequently results in a tendency on the part of staff doctors to adopt uniform requirements, in order to simplify the work of nurses and provide patients with more uniform care. Another point stressed by Miss Newton was the importance of night charge duty for advanced students, under supervision, "where," she said, "the teaching responsibility of the night supervisor is perhaps even greater than of the day supervisor."

Mrs. Mabel MacVrey of Fabiola Hospital emphasized the importance of keeping the teaching groups small. Demonstrations given individually, or to groups of two or three, are far more effective than when given to, say, ten or twelve. The individual contact with the student may also make possible the establishment of a wholesome, sympathetic, and reverent attitude toward the birth

process, and the desire to be of intelligent service in an essential undertaking.

A paper by Mabel D. Fennie stressed the importance of preparatory demonstrations and discussions before the student enters upon her practical work in the obstetrical department. Included in this preparatory course, as outlined by Miss Fennie, would be visits to prenatal clinics, participation in actual prenatal examinations, and responsibility for giving instruction in hygiene to the expectant mother.

An especially thoughtful paper by Calvina MacDonald was devoted to the teaching value of student experience in prenatal clinics. Miss MacDonald outlined four simple recommendations:

1. That the student be well grounded in the theory and practice of general nursing before she is allowed to start her maternity training.
2. That she be given thorough teaching and experience in obstetrics under proper supervision, in wards, nurseries, and delivery rooms, before entering the out-patient department.
3. That the personnel of the clinic recognize their responsibilities to a student nurse. She is there to learn—in order that she may teach. "The out-patient service might well be called the normal school of the nurse's education."
4. That the clinic to which she is sent be one whose routine is not allowed to crowd out human sympathy.

Miss MacDonald vividly described the student's opportunities for growth, while she works side by side with the clinic physician, and is taught by him, acquiring that sensitiveness of touch and hearing which are the obstetrical nurse's most valuable assets; and later, when she is given the privilege of assisting the doctor in home deliveries. She stressed the importance of careful supervision at the beginning of this home-delivery experience, and portrayed the broadening of the student's outlook on life, when brought face to face with social and economic problems under the sympathetic leadership of social service workers. Miss MacDonald's paper ended with the stimulating suggestion: "If nurses in sufficient numbers could devote eight months of their Senior year to obstetrical nursing in all its phases, the problem of the untrained midwife would be well on its way to solution."

Reports of State Leagues

NEVER before have the state leagues presented a series of such interesting reports. It is apparent that reorganization will soon be complete in those states having state organizations. The action of Georgia in making the State League the Education Committee of the State Association was highly commended. California reported the organization of an association of student nurses, having for its purpose the development of both students and of public opinion, to create a sense of unity among the students, to cooperate with schools in maintaining standards, to advance the development of social and recreational life. Two Leagues, those of District of Columbia and Pennsylvania, reported financial assistance and the support of directors for central school teaching. Illinois is working toward a fund of \$100,000 for the University of Chicago. A number of states are now fostering annual institutes. The Colorado League is responsible for the first summer school for nurses at Greeley, and Massachusetts sponsored the summer course at Simmons, while in Michigan the course for hospital administrators at Lansing is a child of the organization. Wisconsin, Missouri and New York all reported interest in publicity, and Wisconsin is working for an executive secretary for the purpose, while New York already has a worker in the field giving vocational talks in high schools.

The Election

CARRIE M. HALL of Boston was re-elected president; Mary May Pickering of the University of California, first vice-president; Helena McMillan, of Chicago, second vice president; while Ada Belle McCleery, of Evanston, and Marian Rottman, of New York, were reflected secretary and treasurer. The directors elected are: Laura R. Logan, of Chicago, Isabel M. Stewart, of New York, D. Dean Urch, of Oakland, Cal., and Major Julia C. Stimson, Washington.

The Instructors' Section elected Maude

Moss, of New York, chairman, and Ethel J. Odgaard, of Wisconsin, secretary.

Two hundred and fifty-four members and guests registered with the Tourist League.

Smoky Air Necessary—A Delusion

SMOKY air is not a necessary evil. It is the result of a wasteful, careless, ignorant use of one of our great natural resources whose conservation has become a serious national problem. The smoke nuisance is a selfish infringement of industry upon the rights of others, the cost of which is a burden upon industry as well as the home.

Each citizen can help by learning the importance of clean air and sunshine, how to manage his own furnace and automobile, and by passing the information on to help educate other people in the importance of clean air. Lay the bog that smoke is a necessary evil.—Department of Health, New York.

YOUNG children should not be allowed to play in the sick room of members of the household having any disease of the lungs. Playing on the floor of the sick room, especially, should be absolutely forbidden.

Patients with tuberculosis should not kiss anyone on the mouth.

Towels, pipes, clothing, handkerchiefs and other personal articles used by a person suffering from tuberculosis should not be used in common by other members of the family.

When consumptives are bedridden, their clothing and bedding ought not be thrown into the common receptacle for soiled clothes. Such things as can be boiled should be boiled as soon as possible, or else soaked for several hours in a disinfecting solution.

The patient should have his own bed, and, if possible, his own room. It is particularly injurious to have anyone occupy the same bed.

The bedroom should not be used as a dining room or kitchen, if it is possible to avoid it.

The cardinal principles to be observed in the sick room are: CLEANLINESS, SUNLIGHT, FRESH AIR, and CARE OF THE SPUTUM.

NEWS

[Note.—News items should be typed, if possible, double space, or written plainly. Great pains should be taken with proper names. All items should be sent to the *American Journal of Nursing*, 19 West Main St., Rochester, N. Y.]

The American Nurses' Association



Announcement is made of the appointment of Agnes G. Deana, formerly director at Headquarters of the American Nurses' Association, as field secretary for the organization. She started her duties on the Western Coast the first of this month.

Miss Deana is well-known for her activities in organization work, both as secretary and director, and she will be welcomed by members of all of the nursing associations she meets. News of her coming has already brought forth letters expressing eagerness for the service.

She has a program of work of unusual interest ahead of her. Some of the subjects with which she will concern herself, especially, are: the methods and responsibilities of registries, the reported seasonal unemployment of nurses and consequent inability to make a living wage, the prevalence and forms of hourly and group nursing, the relation between nursing service and the needs of the public, such as the kind of nursing service needed, the cost of this service to the public, and the remuneration and working conditions of the nurse, the means of strengthening nursing organizations, and the methods of strengthening contacts between nursing, medical, social and other health groups for the correlation of health programs.

The American Nurses' Association will be represented at the Interim Conference of the International Council of Nurses at Geneva, Switzerland, this month, by the president, S. Lillian Clayton, and the secretary, Susan C.

Francis. Clara D. Noyes, one of the vice presidents of the International Council, will represent the Red Cross. Other leaders in the nursing profession who will attend are: Adda Eldredge, Elsie M. Lawler, Major Julia C. Stimson.

Janet M. Geister, director at Headquarters of the American Nurses' Association, attended the convention of the National League of Nursing Education at San Francisco, last month. She was also present at the convention of the Northwest Division at Portland, Ore.



Nurses' Relief Fund

REPORT FOR MAY, 1927

Balance on hand, April 30, 1927	\$16,468.28
Interest on investments	497.12
Interest on bank balances	13.73
Reprints sold	.45
	<hr/>
	\$16,979.58

Contributions

California: Districts 1, 2, 5, 10, 11, 18, 20, 21, 23, \$372; a friend, \$1	\$373.00
Colorado: Colorado Tr. Schl. Alumnae, Denver, \$50; Minnequa Hospital Alumnae, Pueblo, \$19	69.00
Idaho: District 2, \$20; District 3, \$10	30.00
Louisiana: New Orleans District, \$10; New Orleans Sanitarium Alumnae, \$10; Sullivan Meml. Hospital Alumnae, Bogalusa, \$10	30.00
Maine: Maine General Hospital Alumnae, \$25; ten members, \$10	35.00
Maryland: Proceeds of entertainment	70.25
Massachusetts: Melrose Hospital Alumnae, \$5; Emerson Hospital Alumnae, \$10; Cooley Dickinson Hospital Alumnae, \$25; Worcester County Branch \$25	65.00
Michigan: Lansing District, \$100; Saginaw District, \$10; Grand Rapids District, \$100; Grand Rapids Central Directory, \$25; Children's Hospital Alumnae, Detroit, \$7; St. Joseph District, \$14	256.00

Minnesota: District 2, \$0; St. Luke's Alumnae, Duluth, \$15; individual, \$1; District 3, Deaconess Hospital Alumnae, \$65; Asbury Hospital Alumnae, \$5; Hillcrest Hospital Alumnae, \$28; individuals, \$4; District 4, Bethesda Hospital Alumnae, \$38; St. Lucas Hospital Alumnae; Faribault, \$14; Lakeview Memorial Hospital Alumnae, Stillwater, \$12; individuals, \$2; Ancker Hospital Alumnae, \$12; St. Paul's Hospital Alumnae, \$38; individuals, \$3.	\$246.00
Missouri: St. Louis Training School for Nurses Alumnae	25.00
New Jersey: District 1, Morristown Memorial Hospital Alumnae, \$10; Essex County Homeopathic Alumnae, \$5; individual members, \$5; District 2, Englewood Hospital, \$1; individual member, \$10.	31.00
New Mexico: District 1.	27.00
New York: District 1, Buffalo General Hospital Alumnae, \$25; District 8, individual, \$5; District 9, St. Peter's Alumnae, Albany, \$10; District 13, Staten Island Hospital Alumnae, \$25; Bellevue Hospital Alumnae, \$125.	190.00
Texas: District 6, \$4; District 15, \$2.	6.00
Utah: T. N. T. Club.	14.00
Washington: District 2, Seattle, \$11; District 5, Walla Walla, \$18.50; District 8, Aberdeen and Gray's Harbor, \$25; District 9, Everett, \$10; District 10, Longview, \$2.50.	67.00
Check lost in transit cancelled	20.00
Total receipts.	\$18,533.83
<i>Disbursements</i>	
Paid to 150 applicants.	\$2,245.00
Postage.	25.00
Stationery.	22.05
Salary.	100.00
Rental of safe deposit box.	10.00
Collection and postal insurance.	1.30
Contribution sent in error refunded	27.00
Balance on hand, May 30, 1927.	\$16,103.48

Farmers' Loan & Trust Co.	\$4,635.83
National City Bank	5,980.16
Bowery Savings Bank	5,487.40
	\$16,103.48
Invested funds.	116,475.87
	\$132,579.35

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York. If the address of the chairman is not known, then mail the checks direct to the Headquarters office of the American Nurses' Association at address given above.

For application blanks for beneficiaries, leaflets, and other information, address the Director of the American Nurses' Association, Headquarters.



The Isabel Hampton Robb Memorial Fund

REPORT TO JUNE 9, 1927

Previously acknowledged. \$31,876.07

Contributions

Iowa: St. Luke's and St. Luke's Methodist Alumnae Assn., Cedar Rapids, \$5; District 4, Algona, \$10.	15.00
Massachusetts: St. Elizabeth's Alumnae, Boston.	5.00
New Hampshire: Graduate Nurses' Association.	5.00
Ohio: District 3, \$5; Memorial Hospital Alumnae, Piqua, \$5.	10.00
Texas: Graduate Nurses' Association.	50.00

\$31,961.07



The McIsaac Loan Fund

REPORT TO JUNE 9, 1927

Balance, May 9, 1927. \$1,251.47
Interest.60

Receipts

Return of loan, with interest (No. 18). 205.00

Contributions

Massachusetts: St. Elizabeth's Alumnae, Boston.	5.00
New Hampshire: Graduate Nurses' Association.	5.00

Ohio: District 3, \$5; Memorial Hospital Alumnae, Piqua, \$5...	\$10.00
Texas: Graduate Nurses' Association	50.00

Balance, June 8, 1927..... \$1,527.07

Annual contributions to each fund are desired from alumnae, district and state associations. Checks should be made out separately and sent to the Treasurer, Mary M. Riddle, care *American Journal of Nursing*, 19 West Main Street, Rochester, N. Y.



The Mid-West Division

The second meeting of representatives from five states to consider the formation of the Mid-West Division of the American Nurses' Association was held March 18, at the First District Headquarters of the Illinois Association of Graduate Nurses, Chicago. The state associations represented were: Illinois, Iowa, Michigan, Wisconsin and Indiana. A constitution and by-laws for this Division were formulated and the following officers were elected: president, Adda Eldredge, Madison, Wis.; vice president, Nelle R. Morris, Knoxville, Iowa; secretary, Mrs. Alma H. Scott, Indianapolis, Ind.; treasurer, Cornelia Van Kooy, Milwaukee, Wis. The first meeting of this Division is to be held in January, 1928, the place of meeting to be definitely decided at a later date.



Army Nurse Corps

During the month of May, 1927, the following named members of the Army Nurse Corps were transferred to the stations indicated: To station hospital, Fort Banks, Mass., 2nd Lieut. Jeanette Blech; to station hospital, Fort Bragg, N. C., 2nd Lieut. Minerva O'Neale; to Letterman General Hospital, San Francisco, Calif., 1st Lieut. Mary T. McLaughlin; to station hospital, Fort Riley, Kans., 2nd Lieuts. Ebba C. A. Rorby, Pearl Taylor Ellis, Alvina L. Schmidt; to Walter Reed General Hospital, Washington, D. C., 2nd Lieuts. Phoebe L. Greer, Alta Berninger; to station hospital, San Juan, P. I., 2nd Lieuts. Eleanor W. Merrill, Pauline Gary; to the Hawaiian Department, 1st Lieut. E. Valine Manner.

The following named are under orders for separation from the Corps: Flora E. Saxon, Catherine A. Murphy, Violet E. Neith, Mary L. Brady, Ella Wilson, Agnes C. Hogan, Annie E. Books, Gertrude C. Wilson, Mary A.

Stecher, Marguerite Sheehy, Velma Schultz, Grace E. Crotaley, Ethel Grantham, Josephine R. Hall, Lillian Sherman.

Four have been admitted to the Army Nurse Corps as second lieuts.

JULIA C. STIMSON,

Major, Superintendent, Army Nurse Corps.



Navy Nurse Corps

REPORT FOR MAY, 1927

Assignments: Thirteen.

Transfers: To Chelsea, Mass., Susie I. Fitzgerald, Chief Nurse; to Great Lakes, Ill., Mary M. Ritter, Lillie M. Anderson; to Guantanamo Bay, Cuba, Lela B. Coleman, Chief Nurse; to Hampton Roads Dispensary, Lucia D. Jordan, Chief Nurse; to League Island, Pa., Anne D. Harkins, Chief Nurse, Ruth M. Anderson, Chief Nurse; to Mare Island, Calif., Marie Doherty, Esther L. Klein, Laura M. Cobb; to Mare Island Hospital Corps Training School, Ida E. Brooks; to New York, Margaret Pierce, Emma L. Hehir, Chief Nurse, Beulah Taylor; to New York Navy Supply Depot, Sara B. Myer, Chief Nurse; to Norfolk, Va., Myrtle A. Kniffen; to Norfolk, Va., Dispensary Navy Yard, DeLyla G. Thorne, Chief Nurse; to Pearl Harbor, T. H., Jutta J. Anderson; to Port Au Prince, Haiti, Ruth Powderly, Chief Nurse; to Portsmouth, N. H., Annie A. Wayland, Chief Nurse, Lena A. Richardson; to Puget Sound, Wash., Irene M. Lannon, Sophia R. Hamler, Adele Scudder; to Quantico, Va., Hilma Knudtson; to San Diego, Calif., Mary G. Boyce; to St. Thomas, V. I., Catherine A. McNelis, Kathleen O'Brien, Flora A. Murphy; to Washington, D. C., Ethel J. McCormack, Mildred R. Beat; to Washington, D. C., Bureau of Medicine and Surgery, Mary E. Hand, Chief Nurse.

Anna G. Davis, Assistant Superintendent, Navy Nurse Corps, has been transferred from the Bureau of Medicine and Surgery to the Ninth Naval District, with headquarters at the Red Cross Chapter House, Chicago. Miss Davis' duties will include making contacts with nursing organizations and hospitals with a view of interesting graduate nurses in the Navy Nurse Corps.

The following nurses have been separated from the service: Georgianna Rennie, Viola S. Pease, Edith Hebben, Honora Drew, Belle Solts, Reva V. Warner, Arlene Johnson, Lulu B. Wright, Margaret E. Moy.

J. BEATRICE BOWMAN,

Superintendent, Navy Nurse Corps.

U. S. Public Health Service

REPORT FOR MAY, 1927

Transfers: To Cleveland, O. Lillian Yardley; to Fort Stanton, N. M., Carrie Shoff; to Pittsburgh, Pa., Grace DeM. Murray; to New Orleans, La., Monetta Berliss; to Port Townsend, Wash., Sophye Jackson; to Stapleton, N. Y., Nelle George; to Washington, D. C., for temporary duty, Sallie Jeffries; to Memphis, Tenn., Seba Ates.

Reinstatements: Clara J. Heidel, Ella Stein, Alice Topy,

Assignments: Eleven.

LUCK MINNIGERODE,

Superintendent of Nurses, U. S. P. H. S.



United States Veterans' Bureau

REPORT FOR MAY, 1927

New Assignments. Forty-three.

Transfers: To Saranac, N. Y., Kate Baker; to Aspinwall, Pa., Florence Yeiter, Chief Nurse, Dana Snyder, Mary S. Lowe, Leona Phelps, Margaret Monks; to Ft. Snelling, Minn., Emma Doodall, Margaret Beckman, Helen Calkins, Mata Schmidt, Emma Ekman, Hilma Wold, Elisabeth Kolbe; to Muskogee, Okla., Eva B. Thompson, Ada Edenburn; to Lake City, Fla., Anna Baugum, Matilda Dora-hauer; to Sheridan, Wyo., Marie Laubach, Luella Burgess; to Castle Point, N. Y., Mary L. Queenan; to Dwight, Ill., Leota Eberle; to Atlanta, Ga., Alline Thompson.

MARY A. HICKEY,

Superintendent of Nurses,
U. S. Veterans' Bureau.



Christmas Seal Prize

At the National Tuberculosis Conference held recently in Indianapolis, Indiana, the Chicago Tuberculosis Institute was awarded the Christmas seal publicity prize offered to cities in the United States raising over \$100,000.

Cedar Rapids, Iowa, was awarded the prize offered to cities raising less than \$100,000.



The American Dietetic Association

The tenth annual convention of the American Dietetic Association will be held in St. Louis, Mo., at the Hotel Statler, October 18-20.

Commencements

CALIFORNIA:

San Francisco.—The San Francisco School of Nursing, a class of forty, on June 3, with an address by Joseph Marr Gwinn.

DISTRICT OF COLUMBIA:

Washington.—The Army School of Nursing, a class of forty-seven, on June 3.

FLORIDA:

Miami.—The James M. Jackson Memorial Hospital, a class of nine, on May 20, with an address by Dr. Henry R. West.

ILLINOIS:

Chicago.—The Presbyterian Hospital, a class of sixty, on May 26, with an address by George Roberts, D.D.

The Illinois Training School, a class of twenty-four in May, with an address by Charles W. Gilkey, D.D.

INDIANA:

Vincennes.—The Good Samaritan Hospital, a class of six, on May 12, with an address by Hon. Curtis G. Shake.

MAINE:

Bangor.—The Eastern Maine General Hospital, a class of nineteen, on June 29, with an address by Florence M. Johnson.

MASSACHUSETTS:

Waverley.—McLean Hospital, a class of twenty-six, on May 25, with an address by Samuel McCord Crothers, D.D.

Fall River.—Union Hospital, a class of twelve, on May 12, with an address by Dr. George H. Bigelow.

Newton Lower Falls.—Newton Hospital, a class of twenty-eight, on June 2, with an address by Prof. Kirtley F. Mather.

NEW JERSEY:

Hackensack.—Hackensack Hospital, a class of twenty-two, on May 11, with an address by Rev. Charles Alexander Ross.

NEW YORK:

Canandaigua.—The Frederick Ferris Thompson Hospital, a class of eight, on June 1, with an address by Mrs. Anne L. Hansen.

Clifton Springs.—The Clifton Springs Sanitarium and Clinic, a class of eleven, on June 9, with an address by Clarence A. Barbour, D.D.

Flushing.—The Flushing Hospital, a class of eleven, on June 2, with an address by Helen S. Hermann.

New York.—Saint Mark's Hospital, a class of eleven, on June 3, with an address by Rev. William E. Nelson.

New York.—The City Hospital School of Nursing, Welfare Island, a class of twenty-eight, on May 19, with an address by Harry Emerson Fosdick, D.D.

Oneida.—The Broad Street Hospital, a class of six, on May 17, with an address by Rev. William F. Davison.

Rochester.—The Genesee, the Highland and the Rochester General Hospitals, classes of ninety-one members, on June 2, with an address by Canon Pritchard.

Utica.—The Faxon, the Utica Memorial, and the Utica State Hospitals, classes of thirty-six members, on June 8, with an address by Carl Alfred Kallgren.

OHIO:

Cleveland.—The Fairview Park Hospital, a class of sixteen, on May 26, with an address by Dr. Wisler.

PENNSYLVANIA:

Allentown.—The Sacred Heart Hospital, a class of twelve, on June 1, with an address by James J. Walsh, M.D.

Pittsburgh.—Mercy Hospital, a class of thirty, on May 12, with an address by Rev. Father Moulinier.

RHODE ISLAND:

Providence.—Butler Hospital, a class of eleven, on June 7, with an address by Dr. E. W. Taylor.

TEXAS:

Dallas.—Baylor University School of Nursing, a class of forty on May 30, with an address by Judge W. H. Atwell.

VIRGINIA:

Richmond.—The School of Nursing of the Medical College of Virginia, a class of five, on May 31, with an address by Dr. Hugh S. Cumming.



State Boards of Examiners

Louisiana: The semi-annual examination of the LOUISIANA NURSES' BOARD OF EXAMINERS was held in New Orleans and in Shreveport, May 2 and 3. There were 111 successful candidates, 4 of whom were colored nurses.

Texas: The Governor has recently appointed Sister Estelle of Sherman to the State Board and has reappointed Mary Grigsby. Nell Phillips of Dallas has been chosen educational secretary for the state.

State Associations

California: The California nursing organizations held many of their sessions this year with the California Conference of Social Work convening in Oakland, May 2-7. The convention included sessions of the California State Nurses' Association, the California League of Nursing Education, the California State Organization for Public Health Nursing, the Private Duty Section, Mental Hygiene Section, and the Student Nurses' Section. Agnes G. Deana, former director of the American Nurses' Association, was present at many of the meetings, and helped to clarify situations arising in discussions regarding organization, parliamentary procedure, etc. An outstanding address on the program was that given by Lisle Freligh, director of the San Francisco School of Nursing. Miss Freligh expressed the belief that too much importance is attached to the length of time a student spends in training in gauging her fitness for service and too little consideration is given to what she actually knows and is qualified for. She attacked the old methods of nursing education as being "painfully addicted to customs, standard orders and routine in the wards, which have been converted into an almost ritualistic ceremony that tends to mystify the patient rather than give him the much needed medical relief." Anne A. Williamson of South Pasadena was elected president of the State Association, and Riverside was selected for the meeting place for 1928.

THE CALIFORNIA LEAGUE OF NURSING EDUCATION held a convention at the Hotel Leamington, Oakland, May 6 and 7. The subject for the program was "Character Education in the Development of the Nurse." The program took the form of round table discussions with various phases of the topic discussed chiefly by Lisle Freligh, Mrs. Helen Douglas, Mrs. Winifred Lindsay, and Sarah White. Special emphasis was placed upon the necessity of making the various assignments with the development of the student in mind, rather than with the number of weeks she has spent on her last service. This development as made possible in the dietotherapy department was discussed in full. In the evening Dr. Tully Knoles, president of the College of the Pacific, spoke on "The Need of the Social Sciences."

The president remains the same; the secretary is Helen F. Hansen, San Francisco.

District of Columbia: Washington.—The annual meeting of the GRADUATE NURSES'

ASSOCIATION OF THE DISTRICT OF COLUMBIA was held at the club headquarters, 1337 K Street, N. W., May 2, with a large attendance. Reports of the officers and the standing committees for the year were read and accepted. The following new officers were elected: President, Major Julia C. Stimson; vice president, I. Malinde Havay; corresponding secretary, Annabelle Peterson; recording secretary, Catherine Moran; councillors, Gertrude H. Bowling, Captain Blanche Roulon.

At the annual meeting of the DISTRICT OF COLUMBIA LEAGUE OF NURSING EDUCATION, held at the Garfield Memorial Hospital, the following officers were elected: President, Mrs. Mary Hickey, U. S. Veterans' Bureau; vice president, Janet Fish, Emergency Hospital; secretary and treasurer, Anne G. McKeon, Garfield Memorial Hospital; directors, Mrs. Isabel Baker, Mattie Gibson. Reports were received from the various officers and committees and the evident progress made by students at the Central School was most promising. J. Beatrice Bowman, superintendent of the Navy Nurse Corps, gave a detailed account of the meetings of the Middle Atlantic Convention held in New York.

Illinois: Chicago.—The May meeting of the Illinois League of Nursing Education was held at the Chicago Nurses' Club, on May 20. The interesting and helpful address of the evening was delivered by Dr. William Holmes, School of Medicine, Northwestern University.

Indiana: THE STATE ASSOCIATION will hold its annual meeting at the Hotel Lincoln, Indianapolis, October 21-22.

Kentucky: The twenty-first annual convention of the KENTUCKY STATE ASSOCIATION OF REGISTERED NURSES was held at Masonic Temple, Covington, June 1-3. The invocation was given by Rev. William Lees. Never has the association been welcomed to any city as by the Mayor, Hon. Dan O'Donovan; his interest and offer of service were greatly appreciated. Greetings on behalf of the Medical Association were given by Dr. Menefee; the response, by Jane Hambleton. Katherine Faville, field representative American Red Cross, gave a short address on the "Flood Disaster," the first of any large size where the State Board of Health has had to play an important part in the sanitary conditions. Each state board of health will send a representative for one month or more. Over three-fourths of the people in the flooded districts have been inoculated

against typhoid since the disaster. The report of the president was followed by a delightful luncheon given by the Ladies' Auxiliary, Booth Memorial Hospital, Miss Lighty, superintendent, hostess. The afternoon Private Duty session was called to order by the chairman, Anna Finney, and was opened by an address on "Practical Gynecology," by Dr. J. D. Northcutt, who stressed the importance of a carefully taken history and a thorough examination in early life. Helen Schlosser discussed "The Nurse and Her Work." Mrs. Edward Wendt, in a paper on "When We Take Counsel Together," explained the value of cooperation between club women and nurses. The session closed with a paper by Anna Finney on "Ideals for Private Duty Nurses." The officers of the Private Duty Section for the coming year are: Chairman, Miss Frey; vice chairman, Miss Otterpohl; secretary, Miss Gamble. In the evening a reception was given at the Nurses' Home by the Alumnae of Speers Memorial Hospital, Dayton.

Thursday, June 2.—The invocation was given by Rev. J. N. Ervin. Round table discussion was conducted by Flora E. Keen on (a) "Grading Schools for Nurses," Alice Gagg; (b) "What a Student Should Know about Public Health Nursing," Clara B. Rue; (c) "How Can We Create Greater Interest in Nurse Organization?" Sophia Steinhauer; (d) "The Private Duty Nurse," Emma Lou Conway. Florence Hauswald presided at the business session of the Public Health Section, which closed the morning session; she also presided at the afternoon session when the following speakers were heard: Lilla Breed, president of the Lay Section, S. O. P. H. N.; Dr. W. W. Anderson of the Veterans' Bureau, on "State Medical Work"; Mary Clark, on "Applied Orthopedics"; A. Graem Mitchell, M.D. The staff of Booth Memorial Hospital gave a sight-seeing trip, followed by a banquet at which the speakers were: Dr. C. L. Bonfield, on "The Graduate Nurse, Her Education and Mission"; and G. I. Breil, on "Fraternity and the Nursing Service."

On **Friday, June 3**, the invocation was given by Adjutant J. R. Lebbey. Flora E. Keen, president of the State League of Nursing Education, presided. An inspiring talk on "Leadership" was given by Ruth Bridge of the University of Cincinnati. League officers elected were: President, Flora E. Keen; vice president, Alice Gagg; secretary, Lillian Rice. The officers for the Public Health Section are: President, Flora Gates; vice president, Virginia Martin; secretary, Emma Parmalee. At the afternoon session,

Miss Rockstroh, who had traveled three days through the flooded districts, gave an interesting paper on "Midwifery in the Kentucky Mountains." Miss Keen spoke on the biennial convention of the national organizations to be held in Kentucky in 1928. Officers elected for the State Association are: President, Mrs. Applegate; vice president, Edna Houston; corresponding secretary, Emma Lou Conway; recording secretary, Anna Ryan; treasurer, Elsie Pearson. Chairmen of committees are: Nominating, Anna Allen; Credentials, Carmelia Powers; Program, Mae Tompkins; Press and Publication, Edna Reinstedlar; Arrangements, Mrs. Emma Parmalee. The association will meet in Louisville in 1928.

Massachusetts: THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its twenty-fourth annual meeting on June 4 at the Boston Public Library, Boston. The usual business meeting was carried on, Jessie E. Catton, president, presiding. The officers were reelected for 1927-28. The address of the meeting was "The Job of the Executive Secretary and What It Means to the Nurses of the State," by Mae L. Woughter, executive secretary of the New York State Nurses' Association. As the Massachusetts State Nurses' Association is beginning to realize the necessity of such a secretary and is desirous of knowing what the duties of such a position are and how this office is managed, financed, etc., it was particularly fitting that Miss Woughter should address them at this time. Much discussion followed her talk and many questions were asked. While Miss Woughter has helped us to clear up many of the details, the question of an executive secretary being rather a large undertaking, it was voted to refer the matter to the Council of the State Association for further consideration. Afternoon tea was served by the Guild of St. Barnabas. The attendance at the annual meeting was smaller than in former years, but keen interest was shown.

Private Duty Section.—This was well attended. Anne E. Radford presided. The topics discussed were: "The Private-Duty Situation as Presented at the New England Division meeting"; "The Private-Duty Situation as Reported by County Representatives"; "The Private-Duty Situation as Seen by a Registrar," by Sara E. Parsons, former registrar at the Central Directory, Boston. Mrs. Susan B. Albert, Fall River, was elected to succeed Anne E. Radford as chairman. Miss Radford has been an enthusiastic and energetic worker for the section and the members

deeply regret her retirement. Mrs. Albert is very well known in this state and all are expecting to enjoy the new chairman.

The Public Health Section met at 585 Boylston Street, Laura A. Draper, chairman, presiding. Beatrice Short, assistant director of the N. O. P. H. N., outlined the opportunities in the field of school nursing. Helen McCaffrey conducted a discussion period during which Miss Short answered questions relating to school nursing. The problems and policies of children's agencies were discussed by Katherine Hewins of the Church Home Society. Frances B. Mayer of the Society for Prevention of Cruelty to Children outlined the work of that organization. The following officers were elected for the coming year: Chairman, Mrs. Mary McGee, Brockton; vice chairman, Marion M. Rice, Simmons College; secretary, Mrs. Helen M. Hackett, Consultant in Nursing, Division of Hygiene. A committee was appointed to consider the advisability of closer working relations between the public health nurses and boards of directors of public health nursing organizations. A second committee was appointed to consider closer cooperation with the medical profession.

New Mexico: THE NEW MEXICO STATE NURSES' ASSOCIATION held its sixth annual meeting in Albuquerque on May 20, with thirty members present from over the state. The singing of "America" was followed by the invocation by Father Doyle and the address of welcome by Stella Corbin. Addresses were: "Thoracoplasties," Dr. Gekler; "Thyroid and Parathyroid Functions," Dr. Elliott; "Health Work in New Mexico," Miss Anderson; "Résumé of National Meeting," Mrs. Palaia. A business session followed, and a dinner at the Franciscan. Officers elected are: President, Mrs. Blanche Montgomery; vice presidents, Teresa McMenamin, Mrs. McKenzie; secretary, Mary P. Wight; treasurer, Grace Goettman—all of Albuquerque.

North Carolina: THE NORTH CAROLINA STATE NURSES' ASSOCIATION held its annual convention at Charlotte, May 24-26. The officers elected were: President, Mary P. Laxton, Biltmore; secretary, Dorothy Wallace, Asheville. The STATE LEAGUE chairman is E. A. Kelly, Fayetteville; secretary, Elizabeth Connelley, Sanatorium.

Pennsylvania: The Department of Labor and Industry, in cooperation with the Department of Health, held a CONFERENCE ON INDUSTRIAL NURSING in Harrisburg, June 14. Employers, employees, doctors, and nurses

met to discuss such problems as: "Industrial Nursing and Safety," "The Training of the Industrial Nurse," "Industrial Nursing and Health." Among the nurses who took part were Esther Entriken, Emily Raub, Alice M. O'Halloran, Wilhelmina A. Carver, Bess Gertrude Huggler, Wilhelmina Rechtenstein, Katharine Tucker, and Julia A. Weder.

South Carolina: Columbia.—The second annual meeting of the STATE ASSOCIATION OF COLORED GRADUATE NURSES was held at the Second Calvary Baptist Church, April 27 and 28, with the following program:

April 27, Morning Session.—Invocation, Rose L. Jones; Address of Welcome, Rev. C. H. Brown; Response, Miss Turner; Business. *Afternoon Session.*—"Public Health Nursing," Miss Creed and F. Holloway; "Private Duty Nursing," M. Fordham; "Sex Education in the Schools," Miss Cunningham.

April 28, Morning Session.—Question Box; President's Address, A. A. Nelson; "Nursing Education," Mary McKenna; Round table, "Prevention of Tuberculosis." *Afternoon Session.* "Public Health Nursing and Its Relations to the Community Welfare," Janie Tresevant; final business and visits to hospitals.

Texas: One of the most successful conventions of the GRADUATE NURSES' ASSOCIATION OF TEXAS was its twentieth, held in Temple, May 5-7. About 300 nurses from all parts of this vast state were present; each of the fifteen districts was represented by at least four delegates. The program, as printed in the *May Journal*, was carried out with the exception that Miss Fox and Mrs. Vaughan were absent because of flood work, and Mr. Lies was not present. The secretary's report showed much progress throughout the entire state, and the treasurer's report showed the assets of the organization to be nearly \$13,000, most of which is out at interest waiting for some educational work to be planned. Two loan funds of \$1,000 each are maintained; \$100 is given annually to the Relief Fund; and this year \$50 each, for every year, was voted for the Robb Memorial and the Melmac Funds. There was some attempt to cut down the dues, but it was overwhelmingly voted to continue them as they are so that the state may be in a position to give to the things desired without going back to the districts for assessments. It was voted to employ a nurse for the summer to make a survey of the state colleges to ascertain whether some nursing courses in Public Health, Administration, and Teaching can be established. The report on the Relief Fund

showed that many of the districts went more than 100 per cent, others fell far short, but much more interest was manifested than before and next year may show an absolute 100 per cent. Mrs. Jessie Daniel Ames of Georgetown gave a very splendid talk on the work of the Joint Legislative Council during the last session of the legislature. The Nurses' Association is a member of this Joint Council. The association endorsed the following measures: Sheppard-Towner educational measures, strengthening prohibition laws, prison re-location bill. Dr. Durham of the State Health Department spoke on "Vital Statistics," asking our cooperation to get Texas in the Birth Registration Area. A very interesting Private Duty Section program was given. The chairman selected all young graduates for this program. Miss Dietrich, the state secretary, paid a very beautiful tribute to Mollie Hines, the first Private Duty chairman of the state, who passed on to her reward last summer. Both the Public Health and League of Nursing Education had most interesting and helpful programs. Mrs. Saidee Hausman of Galveston led a round table discussion on nursing problems, which was enjoyed by all. It was decided to hold an institute in Dallas, in October. The Red Cross program was well carried out. Agnes Jacobson, field secretary, gave the talk for which Mrs. Vaughan was scheduled. At the last meeting, Miss Dietrich was elected as historian to write the history of the State Association. It was voted to publish a bulletin quarterly, as a starter for something bigger. A tribute to Retta Johnson was read by Miss Perry of Houston, and all the nurses present stood in silence for several minutes, out of respect to our four members who passed away during the past year: Retta Johnson and Bertha Hardy of Houston, Mollie Hines of Fort Worth and Mrs. Edna Arbons, formerly of Waco.

Saturday evening, in Christ's Episcopal Church, was held a service in memory of Florence Nightingale and our own departed members. About two hundred nurses in uniform were present. It is a lovely thing to end a convention with such a service, and we trust it will be the custom for this Association to make it a yearly occurrence. The *Temple Telegram* got out a special eight-page edition as a tribute to the Nurses' Association.

Luncheons for the Private Duty Section, American Red Cross, and League of Nursing Education were given. A beautiful banquet by the King's Daughters' Hospital in the attractive rose garden of Dr. and Mrs. Robinson was much enjoyed, as was also

the barbecue and dance given at the Scott and White Dairy Farm by the Scott and White Hospital. An entertainment and tea were given at the Country Club by the Women's Federated Clubs, and many other courtesies were extended. Wichita Falls was chosen at the place for the next convention. Officers elected are: President, Arline McDonnold, Temple; vice presidents, E. L. Briant, San Antonio, Mrs. N. Fires, Fort Worth, Maud Coose, Stamford; secretary-treasurer, A. Louise Dietrich, El Paso; trustees, Florence Ganta, Texarkana, Anne Taylor, San Antonio.

Vermont: The thirteenth annual meeting of the VERMONT STATE NURSES' ASSOCIATION was held at the New Sherwood Hotel, Burlington, May 26. Invocation by Rev. S. G. Barnes preceded the business meeting, at which reports of officers, committees and delegates were given. At noon a visit was made to Iva Allen Chapel, University of Vermont. At the afternoon session, greetings were given by Mrs. Omeron H. Coolidge from the Federation of Women's Clubs. It was a particular pleasure to hear Janet M. Geister, director at A. N. A. Headquarters, speak on "The Asset to the Community of the Private Duty Nurse." She told of the work of the Grading Committee. Section meetings were brief. Nellie Butterfield was elected chairman of the Public Health Section, and Anna Root, of the Private Duty Section. Officers elected are: President, Lillie Young; vice presidents, R. Hazel Berry, Mrs. John P. Adams; secretary, Helen B. Wood; treasurer, Mrs. D. A. Barker; directors, Mrs. H. F. Taylor, Emily G. Calef. At the evening session, Rev. T. S. Brown welcomed the members and Dr. Judson A. Smith of Boston spoke on "Periodic Health Examinations," showing the advantages and the disadvantages as done by an institution and by a general practitioner. He considered such examinations an essential part of any cancer program.

Wisconsin: THE WISCONSIN STATE NURSES' ASSOCIATION will hold its annual meeting in Milwaukee, October 11-13, at the Astor Hotel.



District and Alumnae News

California: Pasadena.—An association has been formed to inaugurate an hourly nursing service with offices in the Professional Building. The idea was that of the Pasadena District Association, but the publicity and financing will be managed by the association

formed for the purpose. San Francisco.—THE NORTHERN LEAGUE held its annual meeting on May 20. Reports of committees showed a prosperous year, with a membership of eighty-six. The following officers were elected: Chairman, Ann O'Loughlin, Oakland; vice chairman, Helen Hansen, San Francisco; secretary-treasurer, Lillian L. White, Oakland. Regret was felt at the coming departure for the South of Sarah G. White, and a unanimous expression of appreciation was voiced of her fine work as chairman for the past two years. A committee will consider a vocational conference to be held in the fall. The next meeting will be held in September.

District of Columbia: Washington.—An educational conference was held at the time of the ARMY SCHOOL commencement under the auspices of the Alumnae Association of the School. The program included: *June 1*, "The Value of Psychology as Part of the Curriculum," Dr. Winifred Richmond; "Teaching and Supervision in the Psychiatric Field," Edith Hayden; "A Practical Demonstration of the Project Method," Second Lieutenants Myrtle P. Hodgins and Ruth D. Johnson; "Clinic Method of Teaching," demonstrated by First Lieutenant Ruth I. Taylor. *June 2*, "General Principles of Organization," Major Julia C. Stimson; "Teaching and Supervision in Schools of Nursing," Virginia Henderson; "Development of a Municipal Nursing Service," Belle Wagner; "Demonstration of Operating-room Technic," First Lieutenant Gertrude Thompson; "Supervision as Carried on by a Visiting Nurse Service," Gertrude Wahl. Rev. W. S. Abernethy, Calvary Baptist Church, delivered the Baccalaureate Sermon to four hundred nurses of the District of Columbia, representing ten different hospitals. Services were held under the auspices of the D. C. League of Nursing Education and were attended by more than fifteen hundred persons.

Honolulu: Hawaii.—The nurses of the "Big Island" met last January to form an organization which was needed to bring together nurses working in Hawaii. Through this and subsequent meetings, the Nurses' Association of the County of Hawaii was formed with seventeen charter members, a number later increased to twenty-nine. Officers elected for 1927 are: President, Mary Graham; vice president, Fay Vaughn; secretary, Ethel Eaden; treasurer, Stella Matthews. It is hoped to affiliate with the Territorial Association of Hawaii and, through that, with the American Nurses' Association. Meetings are held in Hilo.

Illinois: Chicago.—THE ILLINOIS TRAINING SCHOOL FOR NURSES held a Home-coming Day on June 2, in connection with commencement exercises. The program included a visit to the hospital, exhibits in the Nurses' Home, a luncheon with greetings from the president of the Board and from Miss Logan, a play, entitled, "An I. T. S. Phantasy," greetings from visiting graduates, and glee club music. ST. MARY'S HOSPITAL ALUMNAE have raised \$250 for the sick fund through a dance. The association has been incorporated.

Indiana: Fort Wayne.—THE FIRST DISTRICT held its meeting on May 14 at a luncheon given in honor of the retiring registrar, Mrs. Clara Forrester. A check was presented to Mrs. Forrester in appreciation of her services in making the Central Directory a success. A paper on "Public Health" by Carl Eberly, M.D., was enjoyed. The next meeting will be held in September. **Indianapolis.**—Mrs. Mabel S. Huggins has been appointed registrar of the Nurses' Central Directory, succeeding Grace Cook, resigned. Veronica N. Stapleton has resigned as superintendent of nurses, James Whitcomb Riley Hospital, to take a similar post at the new Municipal Hospital, Tampa, Fla. **South Bend.**—The regular meeting of the SECOND DISTRICT took place May 14, at the Children's Dispensary. After the business meeting an interesting talk was given by Dan Pyle, on "Heredity and Environment." A unique feature of the musical program was the violin solo given by a young patient of the Dispensary crippled by infantile paralysis. An inspection tour of this new and well-equipped Dispensary completed the entertainment. The hostesses were the Public Health nurses on duty there.

Massachusetts: Plymouth.—At a recent meeting of the ALUMNAE ASSOCIATION OF THE JORDAN HOSPITAL, Dr. William Jason Mixer of Boston gave an address on "Surgery of the Brain and Spinal Cord." Many physicians and public health nurses attended the lecture.

Michigan: Saginaw.—THE SAGINAW DISTRICT entertained the Bay City and the Flint Districts at a dinner-dance, on April 27. Dr. J. F. Sample, main speaker of the evening, gave an interesting talk on topics discussed at the recent convention of the American College of Medicine at Cleveland, Ohio. On May 12 the Saginaw District had a Nightingale program. Mildred Reinke, a senior student at the Saginaw General Hospital, read a paper on the life and work of Florence Nightingale

and gave an outline of the Red Cross activities with stereopticon views.

Missouri: Kansas City.—THE SECOND DISTRICT purchased, May 15, a fine residence at 4343 Oak Street, in a beautiful restricted district of the city, for a Nurses' Club. It is to be the professional and social center for nurses, graduate and student, of greater Kansas City, as well as for the nurses coming into the city temporarily. The Official Nurses' Central Directory has been moved to this address, and all meetings of the District Association will be held here as well. The spacious rooms and grounds afford splendid opportunities for gatherings for groups, large or small, under the management of the gracious hostess whom the nurses have been fortunate enough to secure. **Kirkville.**—The annual meeting of the Alumnae of the LAUGHLIN HOSPITAL was held May 26, preceded by a banquet for the graduating class. The officers elected are: President, Lillian Hansen; vice president, Margaret Evans; secretary-treasurer, Fern Hartaker. The graduating class was taken into membership. Ruth Story, superintendent of the school, was invited to become an honorary member.

Nebraska: Lincoln.—DISTRICT 3 held a meeting on May 26, at the Lincoln Hotel. At the morning session, after the business had been transacted, papers were read: "A Trail Blazer in Public Health," Sister Madeline Weibe; "Safe Investments for Women," Mrs. Nancy M. Sherman; "The Harmon Foundation for the Advancement of Nursing," Mary Cogill; "The Nursery School," Ruth Staples. In the afternoon, the program included: "A Posture Demonstration," Margaret Medlar; "4-H Health Club," Betty Temple; "The Licensure Act as It Pertains to Nursing," Judge Lincoln Frost; "The Value of Organization," Mary M. Roberts, editor of the *American Journal of Nursing*. **Omaha.**—DISTRICT 2 held a meeting at the Y. M. C. A. on May 25, beginning with a luncheon at which a number of students were present. At the afternoon session, after the reports and business, Adolph Sachs, M.D., spoke on "Cardiac Irregularities and Their Treatment," and Mary M. Roberts, on "Whither." THE ALUMNAE ASSOCIATION OF THE EVANGELICAL CONVENT HOSPITAL (formerly Swedish Mission) held a reception on April 6, to welcome Ida C. L. Isaacson as Superintendent of the Hospital. She came from the Swedish Hospital in Minneapolis, but she had formerly been superintendent of nurses in this hospital, and all were happy to

see her return. Flowers were presented by the association and by Mrs. Baumbach, who gave the address of welcome.

New Hampshire: Claremont.—The fifteenth annual meeting of the CLAREMONT GENERAL HOSPITAL ALUMNAE was held on May 17. There is a membership of sixty-six, but only a few reside in the state. Officers elected are: President, Mrs. Russell Frasier; vice presidents, M. Gladys Larrabee, Ethel Foote; secretary, Clara Hitchings; treasurer, Mrs. Clara Rice. **Nashua.**—St. JOSEPH'S HOSPITAL ALUMNAE ASSOCIATION held its annual meeting June 7, at the Colonial House, when the following officers were elected: President, Mrs. Agnes Whidden; vice presidents, Mrs. Phyllis Cardin, Katherine McLaugh; secretary, Clara Morin; treasurer, Mrs. Margaret Fraser.

New York: Brooklyn.—THE NURSES' CLUB OF BROOKLYN, Inc., recently incorporated for the purpose of erecting a clubhouse, has announced that its purpose will be not only to serve the members of the Nurses' Association of the Counties of Long Island, District No. 14, by whom it was inspired, but nurses throughout the country. The clubhouse, which is expected to be ready for occupancy early in 1928, will be a thoroughly modern, fireproof structure situated in a central location. The plans include at least 200 bedrooms with telephone and maid service, a large auditorium, a roof garden, clubrooms, a cafeteria or restaurant, a fully equipped laundry for the use of members, distinct from the house laundry, and possibly a swimming pool. Many pleasant transient privileges are being planned for the non-resident member. Special arrangements will be made for the member who is away on a long case. The official registrar of District 14 will have an office in the building. The officers are: Mrs. Ethel G. Prince, president; Sister Mathilde Gravidahl and Lillian Thom, vice presidents; Elizabeth P. Kerr, secretary; Mable W. Phelps, treasurer. The office of the club is at 187 Montague Street, with Anna B. Allen, executive secretary, in charge. **New York.**—On May 15, for the third consecutive year, the graduate and student nurses of New York City honored the memory of Florence Nightingale and of the nurses who died in service during the Great War with a memorial service in the Cathedral of St. John the Divine. The pageantry of the service was impressive, its spirit exalting. Graduate nurses in the uniform of the Henry Street Visiting service, of the American Legion, in the caps and gowns of Teachers College, in

the white uniforms and colorful capes of the Red Cross filled the choir and the chancel. Hundreds of students, in the uniforms of their schools, led by Miss Nutting and Miss Maxwell in academic robes, filled the body of the great church. Bishop Manning, in eulogizing Miss Nightingale, spoke on the power of personality. Dr. Robert Norwood made a profoundly stirring address. An army bugler sounded the "Roll Call" and, after a moment of silence, "Taps," that loveliest and most poignant of all military music—the soldiers' "Good night." On May 2, the Alumnae of the SYDENHAM HOSPITAL held their first meeting in the classroom of the newly erected hospital, thrilled to feel that this was to be the place of future gatherings. For six years the members had been trying to keep together while having to meet wherever they could. Miss Whitney, the new supervisor, helped make the occasion a real housewarming. Gratitude is felt toward all who helped make the new Sydenham a reality. **Rochester.**—THE GENESSEE VALLEY NURSES' ASSOCIATION held its annual meeting at the clubhouse, May 31. Officers elected are: President, Elizabeth Faust; vice presidents, Elizabeth Copeland, Alice V. Newton; secretary, Esther Henckell; treasurer, Emily Dinegan. **Utica.**—DISTRICT 7 celebrated the second memorial for Florence Nightingale on May 12, by a dinner at the Hotel Utica. The speakers were Louise R. Sherwood of Syracuse, and Mrs. Anne L. Hansen of Buffalo. The district has had interesting meetings during the winter—in November, the graduating classes of the district were guests; in January, Dr. Charles Bernstein of the Rome State School spoke on "Socializing the Mental Defective"; in February, Miss Woughter was present; and in March, Miss Geister. The Central School goes steadily forward in usefulness. The beginning of an endowment fund was secured through a delightful concert given for its benefit.

North Carolina: Oteen.—DISTRICT 1 held a meeting on May 11 at the Red Cross Recreation House as guests of Laura Nell, chief nurse. The Mission Hospital Alumnae, Asheville, have raised \$135 toward the purchase of the lot for a clubhouse for which the district is working. The June meeting was held on the 6th at the clubhouse. After the business meeting a letter was read from the *Journal*. The Biltmore Alumnae turned over to the treasurer \$17 toward the building fund. A report of the state meeting was given, as well as the annual report of the district's activities. Mary Laxton was warmly

congratulated upon having received the honor of being elected state president.

North Dakota: Devils Lake.—The annual meeting of the DEVILS LAKE GENERAL HOSPITAL NURSES' ALUMNAE was held on May 24. The following were elected: President, Olga Falls; vice president, Marjorie Penard; secretary, Mary Foley; treasurer, Clarine Rankin. Attorney F. T. Cuthbert spoke on Culture; A. E. Parnell explained the annuity money-saving plan.

Ohio: Cincinnati.—DISTRICT 8 has been contributing to the Red Cross fund for flood sufferers both from its treasury and from individual donations. On May 12, a beautiful service was held in honor of Florence Nightingale under the auspices of St. Barnabas Guild. Two hundred and seventy-five nurses marched into the Episcopal Church of the Advent at Walnut Hills. The address was given by Dr. William S. Keller. **Cleveland.**—During the recent campaign for a medical center, more than \$8,000,000 was raised during five days. Among the gifts was one from Mrs. Chester C. Bolton of \$750,000 for the Western Reserve School of Nursing and an additional amount for nurses' recreation. **Youngstown.**—On May 18, an open meeting of DISTRICT 3 was held in the auditorium of Strouse-Hirschberg's store. Mrs. Margaret Modeland Bridgeman, at home on furlough from China, told of welfare work in that country. The next meeting will be the annual picnic, on July 16, at Conneaut on Lake Erie.

Pennsylvania: Danville.—The regular meeting of DISTRICT 3 was held at the Danville State Hospital, May 17. Elizabeth Miller, nurse consultant of the Department of Welfare of Pennsylvania, spoke of the value of special psychiatric training for the pupil nurse. Following the regular business meeting, Sara Dailey, delegate to the meeting of the Middle Atlantic Division, gave a report of the meeting. At the close of the meeting, the visiting nurses were taken on a tour of inspection through the hospital. **Philadelphia.**—The annual meeting of the ALUMNAE ASSOCIATION OF THE JEWISH HOSPITAL was held on May 3. The officers are: President, Mrs. Jessie H. Rose; vice presidents, Ella Anderson, Mrs. Robert Thomas; secretary, Mrs. Sol Polak; treasurer, Mrs. Walter F. Pullinger. Mrs. Pullinger has served for twenty years in her office. The annual reunion and dinner were held on June 1. The cornerstone of the new hospital was laid on that day. THE SAMARITAN HOSPITAL ALUMNAE held a regular meeting on May 31, part of which was a memorial

to those members who have died—twenty-two in all. As the names were called, Mrs. Elmina Kraemer Leveritt dropped a poppy at the foot of the cross for each one. Dr. Jefferson Clark gave a brief address, paying a fitting tribute. The association decided to discontinue giving a prize of money at commencement, but to establish a loan fund to be used for postgraduate work by the members. THE ALUMNAE ASSOCIATION OF THE JOSEPH PRICE MEMORIAL HOSPITAL had well-attended meetings throughout the year. A contribution of \$100 was made to the Gorgas Memorial Fund, in memory of Dr. Price. On May 13 the Senior Class was entertained, a special program being given. On May 31 Miss Entriken addressed a special meeting of members, Senior Class, and guests from near-by hospitals. The membership is increasing and keen interest is shown. **Pittsburgh.**—A former patient, in gratitude for her recovery in the MERCY HOSPITAL, entertained the Sisters, doctors and nurses with a delightful concert, May 5, in the new School of Nursing.

South Dakota: Rapid City.—THE METHODIST DEACONESSE HOSPITAL observed National Hospital Day by having their graduation exercises in the evening of May 12. The graduating class subscribed for the *Journal* 100 per cent.

Texas: El Paso.—During May, St. Barnabas Guild conducted a contest among the student nurses of the city for the best paper on the life of Florence Nightingale. On the evening of May 15 memorial services for Florence Nightingale were held under the auspices of the guild, and at that time Hilda Tschirhart of Hotel Dieu School of Nursing read her paper, which had won first prize, "The Life of Florence Nightingale." **Galveston.**—THE ALUMNAE ASSOCIATION OF JOHN SEALY HOSPITAL (University of Texas College of Nursing) held its annual home-coming reception at the nurses' residence on the afternoon of May 30, followed by a banquet to the graduating class, in the evening. Dr. A. O. Singleton was the chief speaker. Among the guests were former superintendents, Mrs. H. O. Seppington (Miss Fay), Mrs. Thomas J. Walthall (Miss Taylor), and Mrs. Ward (Ella Reade).

Wyoming: Basin.—The pioneer tuberculosis sanatorium of Wyoming was opened and dedicated on National Hospital Day, with state officials present. The sanatorium is located in the Big Horn mountain country at a level of thirty-eight hundred feet. Anna G. Williams is Assistant Superintendent.

About Books

INFANT MORTALITY AND ITS CAUSES.

By Robert Morse Woodbury. 192 pages. 48 statistical tables. The Williams and Wilkins Company, Baltimore, Md. Price, \$3.50.

INTENSIVE infant mortality campaigns of the past twenty years have held a definite relationship to general health conditions and their improved environmental forces. There is now a keen realization upon the part of the thinking public that generalities are not safe guideposts for reaching health destinations.

Dr. Woodbury's contribution, in the form of an analysis of the causes of infant mortality, is extensive in character and gives definite leads with its clearly explained, accurate tables. The book will be invaluable to the nurse when the services of a statistician are not available; it should be studied in its entirety to gain a full appreciation of the need for examining the innumerable sources of influence which must be taken into consideration before reaching definite conclusions about any concrete destructive cause attending a health state.

Forty-eight sound statistical tables are distributed throughout the book and are used as illustrations of the explanatory arguments relative to causes which have influenced infant mortality curves. The chapters on "Provisional Results" and "Disentangling the Causes" are impressive in their analysis of some of the influences which are basic in a reliable study.

Good examples of the use of simple, understandable graphs based upon accurate statistical findings, are found in *Mother and Child* magazine, May, 1923. Two types are used, the full-page illustration of the United States Children's Bureau, and the straight-

line graphs presented with Dr. Van Ingen's paper.

A full appreciation of the need for accuracy, an intensive examination of concrete facts, and a knowledge of the strength of line-graph presentations, will give the nurse the ability to study carefully and use wisely Dr. Woodbury's book as a guide in vividly portraying important factors to be reckoned with in solving the problems of her own community.

HARRIET LEETE, R.N.

Far Rockaway, N. Y.

THE CONQUEST OF DISEASE. By

Thurman B. Rice, M.D. 363 pages. The Macmillan Company, New York. Price, \$4.50.

THE story of the conquest of transmissible diseases is very well told by Dr. Rice. Ancient superstitions and modern popular fallacies are cleared away by an array of facts which have been brought to light as the result of patient, self-sacrificing research work done during recent decades. Truth is more thrilling than fiction. The author has performed a real service to society by popularizing this material, making it an open book especially readable for lay people. It should be placed in the libraries of public schools, colleges and schools for nurses.

Although nurses and public health workers will find this work very interesting, it cannot take the place of the more technical textbook. They should, however, gladly recommend its use to the general reader. It should be useful in providing stimulating and helpful material for study in civic clubs, women's clubs, parent-teachers' associations and other groups interested in human welfare.

The material is very well arranged.

By means of graphs which are most effective and interesting, the author's statistics and observations are made unusually clear and convincing. Part I, or the introduction, gives a graphic comparison between the old and the new order of things as a result of developments in bacteriology and research work. It also gives a clear presentation of the meaning of infection and resistance and of the manner in which disease is acquired.

Part II takes up separately the transmissible diseases, describing the action of each and what has been done in the way of specific treatment as well as prophylaxis. Tests for immunity, vaccines and available serums are clearly described and their development, with the resulting onslaught against the disease, is presented in a manner as interesting and thrilling as any romance! The subdivisions are made as follows:

1. Disease spread by intestinal discharges
2. Saliva-borne diseases
3. Insect-borne diseases
4. Disease acquired through the skin or mucous membranes.

Part III deals with the means by which transmissible diseases may be controlled. In view of the emphasis the author places upon thorough mechanical cleansing with soap and water and upon the value of sunlight as a disinfecting agent, it is a bit disappointing that he should even yet cling to antiseptics and fumigation; but perhaps it is inexpedient to cast aside all the old notions!

Dr. Rice believes that with the knowledge now available, many of these diseases may be eradicated by the intelligent coöperation of the people, and only by such coöperation. If his fascinating story could be generally assimilated by parents and teachers and fire the imagination of the common people, a long step for-

ward should be made in the prevention and control of the ever present swarm of communicable maladies which afflict the human race, not the least of which are common "colds."

CHARLOTTE JOHNSON, R.N.

Durand Hospital, Chicago

FOUR THOUSAND YEARS OF PHARMACY. By Charles H. LaWall. 665 pages. 64 illustrations. J. B. Lippincott Company, Philadelphia. Price, \$5.

THE art of healing is as old as the human race. In the embryonic days of science, when the world was some forty centuries younger than today, medicine, pharmacy, and nursing were one body of knowledge which was impregnated by superstition and inseparable from the prevailing religion.

From the queer, wedge-shaped, cuneiform characters of the Babylonians, from the priceless papyri, preserved because of the belief of the Egyptians in immortality, and from the comparatively recent parchment manuscripts, painstakingly transcribed and illuminated by monks and nuns during the intellectual darkness of the Middle Ages, students of history have discovered that much of the knowledge preserved for future generations had to do with the prevention and cure of disease. Each age is prone to exaggerate its own contribution to the welfare of the race—the Twentieth Century is no exception. In order to ensure the right perspective, the contributions of the last quarter of a century should be viewed in the light of past history.

In a book of over 600 pages which has just left the press, Dr. Charles H. LaWall, Dean of the Philadelphia College of Pharmacy, has thrown additional light upon the collection

of facts about the treatment of human beings when ill. Dr. LaWall should be able to speak authoritatively on this subject, since he is a Doctor of Science, Doctor of Pharmacy, Fellow of the Royal Society of Arts of London, and Chemical Editor of the United States Dispensary. From a large and comprehensive private library and many other worldwide sources, Dr. LaWall has gleaned much interesting knowledge about the ancient art of healing. Some of his facts serve but to verify those collected for nurses in the History of Nursing. Other facts having a bearing on the care of the sick are new and extremely interesting.

The book reads like fiction, but appears to stick strictly to the facts. There are numerous fascinating illustrations, some of which might well be added to the lantern slides for history-of-nursing courses. The history of pharmacy in the nineteenth and twentieth centuries, which is presented in the last chapters of the book, illuminates medical and nursing events of these centuries, as well. The chronological table of pharmacy in the back of the book includes many dates and events which are also important in nursing history. An extensive bibliography has many references which should likewise prove interesting to the nurse.

Students of *Materia Medica* will find more about the drugs which have been used to treat disease than is recorded in other historical works usually available.

There is no doubt that this interesting volume on "The Curious Lore of Medicine through the Ages" would be a welcome addition to the reference shelves of our most progressive nursing schools.

MAUD B. MUSE, R.N.

New York

JULY, 1927

BACTERIOLOGY FOR NURSES. By Herbert Fox, M.D. Fourth edition, revised. 230 pages. 67 illustrations and 7 color plates. Lea & Febiger, Philadelphia. Price, \$2.50.

THIS textbook of bacteriology is one which places before the elementary student a simple, clear and well written account of the nature of this subject. The illustrations are well chosen and the color plates give a very good picture of the more important bacteria and protozoa.

The first three chapters give briefly the history and nature of microorganisms. From the first, protozoa as causative agents of disease have been given more than passing mention. In this manner the student may begin early to formulate her conception that other microorganisms besides bacteria enter into this activity. Two chapters follow on laboratory technique and destruction of bacteria. From the point of view of the instructor, the omission of references throughout as to how laboratory experiments are carried on, strengthens the book, in that it remains purely a textbook and not a combination of text and laboratory manual. Every instructor has her own methods for developing the laboratory work according to circumstances and facilities available.

One notes with interest the fact that although the author believes that "intimate personal contact is the most prolific source of the spread of disease" and that there is little danger of infection by fomites, still he would have disinfection carried on before physical cleaning, in order to kill any possible bacteria that might still be living on the walls and in the corners. In view of the fact that many health departments have discarded gaseous disinfection and use only soap and water and sunlight, the student might be

confused to know just what is the best bacteriological method.

The chapter on immunity gives the essential facts for understanding this subject, omitting an elaboration which the student has neither the time nor the need to obtain in an elementary course. The remaining chapters, which make up over one-half of the book, are devoted to the principal disease-producing bacteria. It is clearly seen here that the effort of the author, as he states it in his preface, is to show how bacteria produce disease. He has succeeded in doing this. The emphasis is on the relation of bacteria to disease and the more theoretical aspects of the cultivation and characteristics of bacteria have been placed in the background.

There is a glossary at the end of the book which gives the student a convenient reference for the most important words and assists in establishing a familiarity with the terminology of the subject. The entire book has a style which, while not too technical on the one hand, by no means belittles the understanding of the particular pupil for whom it is intended, the student nurse.

ETHEL J. ODEGARD, R.N.

Wisconsin

SHORT TALKS WITH YOUNG MOTHERS.

By Charles Gilmore Kerley, M.D.
Eighth edition, revised and enlarged. 300 pages. G. P. Putnam's Sons, New York. Price, \$1.50.

THE eighth edition of this book states in its preface that its aim is "to help the young mother to a closer acquaintance with and a more intelligent appreciation of the nature and demands of the life entrusted to her care."

The book, which the author has painstakingly revised, is direct in its

simplicity and does not claim to hold information of a medical nature, but rather to serve as a guide to the inexperienced mother in answering common questions which come to young women untrained in the care of children.

The book is divided into short headings, carefully indexed, so that the mother may easily find the solution to her problem, whether it be the nursery itself, the physical ailments common to children, the ordinary contagious diseases, habit training, or any of the innumerable perplexities surrounding child life. The illustrations of previous editions have been omitted to give space to subject matter.

As the feeding of infants is still a controversial subject with pediatricians, there may be a diversity of opinion about the soundness of the feeding tables. However, as Dr. Kerley's book is based on years of experience, as well as on scientific knowledge, it will be classed as authoritative and will be most helpful to the mothers for whom it is intended.

HARRIET L. LEETE, R.N.

Far Rockaway, N. Y.

BOOKS RECEIVED

A COMPEND OF HUMAN PHYSIOLOGY. (Especially adapted for the use of medical students.) By Albert P. Brubaker, A.M., M.D. Sixteenth edition. Illustrated. 281 pages. P. Blakiston's Son & Company, Philadelphia. Price, \$2.

MOTHER AND UNBORN CHILD. A little Book of Information and Advice for the Prospective Mother. By Samuel Raynor Meaker. Illustrated. 198 pages. The Williams and Wilkins Company, Baltimore. Price, \$2.50.

PRACTICAL NURSING FOR MALE NURSES IN THE R. A. M. C. AND OTHER FORCES. By Colonel E. M. Hassard and A. R. Hassard. Second edition. 407 pages. William Wood and Company, New York. Price, \$3.50.

Official Directory

International Council of Nurses.—Headquarters secretary, Christiane Reimann, 1 Place du Lac, Geneva, Switzerland.

The American Journal of Nursing Company.—President, Bena M. Henderson, Milwaukee Children's Hospital, Milwaukee, Wis. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, care American Journal of Nursing, 19 W. Main St., Rochester, N. Y. Sally Johnson, Boston; Stella Goostray, Boston; Mrs. Elsie Vaughan, St. Louis; Elizabeth G. Fox, Washington, D. C. Headquarters and editorial office, 370 Seventh Ave., New York. Business office, 19 W. Main St., Rochester, N. Y.

Committee on the Grading of Nursing Schools.—Director, May Ayres Burgess, Ph.D., 370 Seventh Ave., New York.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston, 19, Mass. Headquarters Secretary, Janet M. Geister, 370 Seventh Ave., New York. Sections: Private Duty, Chairman, Vada G. Sampson, 1517 S. Van Ness Ave., Los Angeles, Calif. Mental Hygiene, Chairman, Elsie J. Taylor, New Haven Hospital, New Haven, Conn. Legislation, Chairman, A. Louise Dietrich, 1001 E. Nevada St., El Paso, Tex. Government Nursing Service Section, Chairman, Lucy Minnigerode, U. S. Public Health Nursing Service, Washington, D. C. Relief Fund Committee, Chairman, Mrs. Janette F. Peterson, 680 South Marengo Ave., Pasadena, Cal. Revision Committee, Chairman, Dora M. Cornelison, 148 Summit Ave., St. Paul, Minn.

The National League of Nursing Education.—Headquarters, 370 Seventh Ave., New York. President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston, Mass. Sec., Ada Belle McClary, Evanston Hospital, Evanston, Ill. Treas., Marian Rottman, Bellevue Hospital, New York. Executive secretary, Blanche Pfefferkorn, 370 Seventh Ave., New York.

The National Organization for Public Health Nursing.—President, Mrs. Anne L. Hansen, 181 Franklin St., Buffalo, N. Y. Director, Jane C. Allen, 370 Seventh Ave., New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treas., Mary M. Riddle, care American Journal of Nursing, 19 W. Main St., Rochester, N. Y.

New England Division, American Nurses' Association.—President, Sally Johnson, Massachusetts General Hospital, Boston, Mass.

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